



Department of Health and Social Care

Registration & Inspection



Isle of Man
Government

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Inspection Report 2024-2025

Ingledene

Adult Care Home

Date of Inspection visit: 14th October 2024 and 24th October 2024.



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

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 visit on the 14th and 24th October 2024.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

1. Is it safe?
2. Is it effective?
3. Is it caring?
4. Is it responsive to people's needs?
5. Is it well-led?

These questions form the framework for the areas we look at during the inspection.

In addition, the Care Services Regulations are considered when making regulatory decisions. There are opportunities within these for registered providers to be creative, innovative and dynamic when applying them to their service. Providers should use them as a baseline from which to deliver and develop services to the people who use them.

Service and service type

The service has a Registered Manager. 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.

Ingledene is registered as an adult care home offering residential care for up to four adults with a learning disability and complex needs. At the time of our inspection there were three residents living there.

Ingledene is operated by Praxis Care. Praxis Care is a registered care charity providing services across Northern Ireland, the Republic of Ireland, Great Britain and the Isle of Man.

The care home is located in the outskirts of Ramsey in a large detached three storey property.

Each person supported has their own bedroom and access to shared facilities and communal spaces.

Externally there is a car park to the front of the building and a large garden with patio area. A garage is situated at the rear of the property which houses a boiler and laundry facilities.

**Regulatory Action in the last 2 years
Improvement notices / amendments / change of manager / inspection**

Date	Action	Comments
10 th and 25 th August 2023	DHSC Inspection	Areas of improvement in relation to Regulations 22, 20 and 15
11 th and 12 th July 2022	CQC inspection	Areas of improvement in relation to Regulations 22, 20 and 15

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

- Assessment and care planning documentation used are underpinned by person centred and human rights principles.
- Recruitment checks and systems were robust.
- We found the staff to be very caring and they promoted independence of people living at the service.
- There was evidence of involvement and engagement from external professionals as needed.
- People told us the home was well managed.
- The service did not have a policy, training or recognised tools in place regarding falls prevention and intervention or pain management.

Background to this inspection

The last inspection of this service was carried out on 10th and 25th August 2023. There were three requirements made in relation to a fire door, storage of medication and refurbishment of a bathroom. All requirements have been actioned.

The inspection

This inspection was part of our annual inspection programme which took place between April 2024 and March 2025.

Inspection activity started on 20th September 2024.

Inspection team

The inspection was led by an inspector from the Registration and Inspection Team supported by another inspector.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of care at this service. A registered manager is a person who has been registered to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager of this service was also responsible for the management of a second Praxis Care facility in the local area.

Notice of Inspection

This inspection was announced.

What we did before the inspection

We used the information the provider sent to us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

- We observed staff interactions with people supported in communal areas.
- We spoke with members of staff including the registered manager.
- We reviewed a range of records. This included care records and medication records.
- We looked at staff files in relation to staff supervision.
- We reviewed a variety of records relating to the management of the service, including audits and policies and procedures.

After the inspection

- We reviewed a variety of policies and procedures.

- We requested feedback from health and social care professionals who have contact with the service.
- We spoke with family members.
- We reviewed the most recent quality visit report written by the responsible person.
- We reviewed training records of staff.

Our findings

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

Requirements made at the last inspection in relation to a fire door, medication fridge and redecoration of the bathroom have been completed.

The service was safe.

Systems and Processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Safeguarding systems and processes were clear.

The service has a safeguarding and whistleblowing policy.

The provider has recently developed policy guidance in relation to managing allegations against staff members (MASM).

Staff told us how they would identify and report any safeguarding or whistleblowing concerns appropriately and were aware of actions required.

There was an open culture.

The provider ensured people were protected from discrimination through policy and the delivery of training in relation to human rights, values and attitudes. Staff told us they were in the process of completing training in relation to equality and diversity.

When things went wrong the provider demonstrated they learned from this.

Assessing risk, safety monitoring and management

The care home has arrangements in place to support the monitoring and management of people's safety.

Risk assessments clearly documented the risks and mitigating actions to minimise risk. It would be helpful if more specific information was provided in risk assessments to help better understand the frequency and likelihood of risks which may occur. The registered manager explained there were plans in place to review the risk assessment process.

Recognised tools such as body maps were used.

There is one sleep in carer at night to help keep people safe.

We noticed people who lived in this care home did not have access to an installed alert system, such as a call bell, for use in the event of emergencies.

One person supported had been established as needing a listening monitor at night to promote their safety.

People's communication methods in the event of an emergency were laid down in individual care plans and risk assessments. Despite this we could not be assured the long-standing practice of not having an installed alert system remained appropriate given the changing

needs of existing residents and future requirements of people who may be living at the home. This issue will be referred to again in the well led section of this report.

Personal emergency evacuation plans were in place (PEEPS).

Routine health and safety checks on the environment and equipment such as electrical items, and fire system equipment had been undertaken satisfactorily.

Staffing and recruitment

Staff recruitment records were well maintained, and all contained the required documentation.

There was a system in place to monitor enhanced Disclosure Barring Service (DBS) checks and all were up to date.

There were sufficiently skilled and suitable staff working on each shift.

The Registered Manager was confident staffing levels were adequate and provided in built relief for staff absence.

There were no concerns expressed by staff or family members regarding staffing levels.

We observed people having their needs met. There have been no incidents reported to us during this inspection year in relation to staffing levels.

Using medicines safely

Policies and procedures for the safe management of medicines and homely remedies were in place.

Staff responsible for the administration of medicines were assessed as competent and this assessment was repeated annually.

There were protocols in place for people who required medication "as required" (PRN).

Medication administration records did not consistently contain information about PRN medication. We spoke to the registered manager about this. PRN administration records had been prepared but were stored in a separate office for when needed.

Medicines were stored safely, and daily room temperatures were recorded and monitored.

Regular medication audits were completed by the service.

Preventing and controlling infection

Policies and procedures relating to prevention and controlling of infection were up to date.

Staff followed cleaning rotas.

A system to evidence the condition of mattresses were regularly checked had recently been adopted.

Staff were trained in food hygiene and followed procedures to minimise the risk of infection.

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 was not always effective.

At the last inspection there were no requirements made regarding effective.

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

There had been no recent admissions to the care home, although arrangements for the admission of a new resident were currently underway. The transition process was staged, well planned and feedback we received from another service corroborated this.

Assessment, care planning and risk assessment documentation used by the care home were underpinned by person centred, human rights and equality act principles.

Each person’s independence was promoted to their abilities.

People supported at this service have lived together for many years. The introduction of a new person into this dynamic was considered and sensitively managed.

Staff support; Induction, training, skills and experience

The mix of staff employed by the service include a registered manager, team leader and support workers.

The registered manager and team leader were appropriately qualified.

Staff were provided with a structured induction and probation period. This was evidenced in feedback and records we viewed.

Staff had access to the organisation’s digital learning platform and there was a system in place to monitor mandatory and specialist training. There were high levels of compliance with mandatory and specialist training.

Staff told us they received appropriate training to help them undertake their roles.

Some people living at the service had mobility needs and were at risk of falls. There was no evidence of staff being offered specific training regarding falls prevention and intervention.

Staff told us how they would identify pain based on peoples care plans. There was no evidence of training provided to staff or recognised tools being used to help staff identify pain symptoms with people who had a learning disability or communication needs.

Staff supervisions and appraisals were up to date and covered expected topics.

Family members told us staff were well trained.

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

People were supported to eat and drink and to maintain a balanced diet. Menus were adapted to suit individual dietary needs and choices.

Snacks and additional drinks were served and available throughout the day.

People were able to eat together. One of the residents preferred to eat separately and this was supported by staff.

Staff had completed nutrition and hydration training.

Staff working with other agencies to provide consistent, effective, timely care

Feedback from partner agencies demonstrated there were very positive relationships with visiting health and social care professionals which enabled joined up care.

The service has systems in place for referring people to external services and planning admissions.

Supporting people to live healthier lives, access healthcare services and support

People were supported to live healthier lives, access healthcare services and support.

We saw evidence in people's files of involvement from community nurses, GPs, dentists and opticians.

There was evidence of people's health needs being monitored by staff and recognising changes in this.

The service was in contact with a specialist learning disability nurse who was new in post. Going forward the registered manager told us there was an intention to develop this relationship for the benefit of people living in the care home.

People were supported by staff to attend health out-patient clinics and accident and emergency when required.

Hospital passports were completed but we found the versions held in people's files were not all up to date.

Each person had received annual health reviews from a community nurse located with the GP practice.

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

All internal and external areas were accessible for people's current mobility needs. However, the care home is not purpose built and may pose challenges in the future if people's mobility or health needs change.

There were toilet and shower facilities on each floor.

People had access to mobility aids to suit their needs.

The registered manager told us there had been no contact with occupational therapy or physiotherapy services since the last inspection however the manager and staff demonstrated awareness of these services if required.

Rooms had been personalised to reflect people's interests.

People had access to outdoor space.

Family members expressed no concerns about the condition or upkeep of the property when asked. One relative described the environment as “always being clean, comfortable and has everything (their relative) needs.”

We found the main living room to be homely, well-furnished and decorated. There were photographs and pictures displayed. One person chose to spend their time in a separate living area of the house which, due to the physical layout of the building was also the main thoroughfare used to enter and exit the care home. Staff had done their best to make this area homely for the person supported.

The provider is responsible for the running of the service. The maintenance and upkeep of the building is the responsibility of the Department of Infrastructure, Estates Division. A new ground floor bathroom was being installed during inspection.

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

As far as possible, people were encouraged to make choices and helped to do so when needed.

Mental capacity legislation is not currently in place on the Isle of Man however best practice is relied upon in this area.

The principles of mental capacity were embedded within various domains of people’s files.

People supported received an assessment of mental capacity appropriately, and staff delivered care in their best interests.

We observed staff asking permission to support them and promote decision making.

Restrictions placed on people’s liberty for their own safety were documented and discussed at people’s review meetings.

There were systems and checks in place to help manage people’s finances where there were no external arrangements in place. This helped to protect people from financial abuse, however the established working practices were not underpinned by a legal framework. We also noted, the care group has a finance systems policy which did not align with local working practices. We will refer to this issue again in the well led section of this report.

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/does not require any improvements in this area.

The service was caring.

At the last inspection there no requirements in relation to caring.

Ensuring people are well treated and supported: Respecting equality and diversity

People were well treated and supported with respect and compassion.

The family members we spoke to were happy with the treatment and support provided to their relative. A family member told us their relative "loves all of the staff" and "staff always welcome us in by offering a cup of tea."

The provider has training and policies in place regarding staff and the treatment of residents living at the care home in relation to attitudes and values, equality and human rights. This is further supported by the statement of purpose and service user guide.

The kind and caring attitudes of staff were evident when observing staff assisting people with their care and support needs.

We saw recognition in positive behaviour support plans of the need for people to receive emotional reassurance to manage their anxieties and worries.

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

Family members were consulted and involved in peoples' care where appropriate.

People were supported to express themselves and be involved in making decisions as much as they were able.

Families reported there were very good levels of communication between them and the service.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were respected and promoted.

People who were able to independently, moved around freely between rooms.

Personal information was stored securely.

Our findings

Responsive – this means we looked for evidence that the service met people’s needs.

This service was responsive

At the last inspection there were no requirements made in relation to responsive.

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

Care plans were personalised, individualised and captured people's individual needs and preferences. Care plans demonstrated how independence was promoted.

The service operated a keyworker system and staff were familiar with people’s needs.

Six monthly reviews were held with families where they were involved.

Care records were up to date.

People were supported to maintain contact with people who mattered to them.

One individual had expressed a wish to visit the graves of close family members. Staff were supporting this.

People’s likes and dislikes were documented on individual plans.

Communication needs were identified in people’s support plans.

Activities took place within the home and in the wider community. People’s sensory needs were considered within the planning for this. People were supported to go on holiday if they wished.

People had contact with their peers through community networks.

One person supported regularly used an iPad for playing games and keeping in contact with relatives with the help of staff.

Feedback and inspection findings demonstrated people who lived at the care home were accessing the wider community on a regular basis. One relative told us they could see regular updates on outings from looking at the care homes social media page.

Improving care quality in response to complaints and concerns

The care home has an established complaints procedure in place.

A service user guide and statement of purpose provide further information to help manage expectations, provide information on the values of the care home and how to make complaints or raise concerns. Easy read versions were available.

There had been no complaints received by the service since the last inspection. Family members we spoke to said they knew how to raise concerns and issues with staff if needed and felt comfortable doing so.

End of life care and support

End of life wishes were acknowledged in support plans.



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 there were no requirements made in this area.

The service was well led.

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

A statement of purpose sets out the philosophy and values of the care home. These are also published on the providers website.

Care arrangements were based on an outcomes framework which link to the review and care planning process.

There is an open and transparent culture. Staff said they felt safe and confident to raise any concerns they may have.

Staff described the manager as being visible and providing support and guidance when required.

Staff told us they feel part of a wider organisation through training provision and using an organisational digital communication platform.

Feedback from staff and family described the service as being well led by the manager.

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

There was a clear management structure in place with defined roles and responsibilities.

Staff were clear on lines of accountability within the service, senior leadership and their daily responsibilities.

Governance arrangements in place ensure all risks are escalated appropriately and staff understand their responsibilities in this process.

The provider visited monthly to conduct its own quality assurance review. Such a visit took place during inspection. This oversight was effective in identifying improvements to the service, helped to ensure staff adhered to organisational policies and in supporting the registered manager.

The manager and staff team were cooperative, open and transparent during inspection.

Registered providers are required to notify Registration and Inspections about safety incidents. We had been notified of most incidents as required. We identified two incidents which we had not been notified of and these were discussed with the manager.

Records were stored and managed in a safe way to protect sensitive and confidential information.

As highlighted earlier in this report, policies, training and recognised tools in relation to the prevention and management of falls and pain management were not in place.

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

Staff meetings had taken place on a regular basis with set agenda items.

Family members complete an annual survey to provide feedback to the service and this is included in the annual report.

Communication systems were in place to share information with staff at a local and national level.

People living at this setting may need help to speak up or to express what they want. Whilst staff and family members do advocate for people supported there is a lack of independent advocacy on the island for adults with specific needs. This issue is outside the control of the provider.

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

The service has produced an annual report covering a range of appropriate topics relating to the quality of service provided and future plans.

The care home manager works closely with the staff team, people living in the care home and family members.

There is a programme of checks and audits in place with oversight from the leadership within the wider care group.

There was evidence of the provider, and manager carrying over learning and implementing improvements in response to inspection findings at another care home operated by this provider.

All requirements from the previous inspection had been actioned.

The provider meets regularly with commissioners to review the quality of service.

Working with partner agencies

The service works transparently with external key stakeholders such as commissioners, and a range of health and social care agencies when needed.

People living in the service had not had a recent independent review of their needs. We spoke to the manager about this, and concerns highlighted in this report which relate to financial management practices and the lack of an installed call bell system. The registered manager agreed to discuss these issues at the next meeting with service commissioners.

Prior to day two of inspection, a commissioners meeting had taken place and arrangements for an independent review of people's needs were underway.

Action we have told the provider to take

The table below shows where regulations were not being met and where we require the provider to send us a report that states what action they are going to take and the timescale for that action. We will check that this action is taken by the provider.

Regulation	Reason for the regulation not being met
Regulation 13 – Service recipients plan	<ul style="list-style-type: none">• Hospital passports were completed but the versions held in people’s files were not all up to date.
Regulation 15 - Conduct of care service	<ul style="list-style-type: none">• The provider did not have policies, training or recognised tools in place for falls prevention and pain management.
Regulation 20 - Fitness of premises for service recipients	<ul style="list-style-type: none">• We were not assured the lack of an installed alert (call bell) system in peoples bedrooms remained appropriate given the changing needs of existing residents and requirements of people who may be living at the care home in the future.

Recommendations for the provider to consider

The table below shows where regulations are met and we have made a recommendation to the provider. The provider may wish to consider the recommendations in order to improve the service.

Recommendation	Reason for the recommendation
To explore staff training needs in communication approaches to better meet the needs of people living in the service.	<ul style="list-style-type: none"> • Some staff expressed additional training in "signing" communication would be beneficial.
To amend the services finance management policy to better reflect local arrangements for managing people's finances; also to consult with commissioners to establish if current financial management arrangements remain appropriate.	<ul style="list-style-type: none"> • The current policy used by the service to support the management of people's finances did not reflect local circumstances. Where there are no external arrangements in place for the management of people's finances, current working practices are not underpinned by a legal framework.
To include more contextual information in peoples risk assessments	<ul style="list-style-type: none"> • Risk assessments lacked contextual information as they did not contain specific information regarding frequency of incidents and when a presenting risk last occurred.
PRN (as required) medication administration records to be stored in peoples working medication administration files so they are immediately accessible	<ul style="list-style-type: none"> • Prepared PRN (as required) medication records were stored away from peoples working medication files