

Regulation of Care Act 2013

Adult Day Care Services

Meadow View

Unannounced Inspection

10/10/2018

Contents

Completing and returning your report

To complete your report form, enter text by clicking on the box, use the tab key to move to the next box.

1. Provider's action plan and response
 - a. Add details of your actions to complete the requirements/recommendations (if applicable)
 - b. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
 - c. Sign (type name when returning electronically) and date
2. Return your report to randi@gov.im within 4 weeks
3. Do not use any other method e.g. links to Cloud or other file sharing services

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4 : Inspection Outcomes and Evidence and Requirements

Part 5: Provider's action plan and response

Part 1 - Service Information for non-Registered Service

Name of Service: Meadow View Day Centre

Tel No: (01624) 472037

Address:

Second Avenue
Onchan
Isle of Man
IM3 4LU

Email Address:

Helen.Champion@gov.im

Name of Manager:

Helen Champion

Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):

None

Date of previous inspection:

N/A - First inspection

Number of individuals using or attending the service at the time of the inspection:

12

Person in charge at the time of the inspection:

Helen Shand (acting supervisor)

Name of Inspector:

Egle Leadley

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Part 3 - Inspection information

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013.

Inspections are generally themed, concentrating on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective, safe and compassionate.

No	Standard	Requirements/recommendations from previous inspection	Met/not met
		First Inspection	

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 1 – Informing and deciding
Prospective users of the Day service have all the information needed to help make a decision about using the service.

Our Decision: Compliant

Reasons for our decision:

The service had a statement of purpose in place. The document was recently updated and included all information required.

There was also a service user guide file which included all required information.

Service users were invited to visit the day centre prior to them signing a contract. The evidence of these visits was available for inspection.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 Assessment of Need
Each service user must have an up to date assessment of their needs with regard to the service provided.

Our Decision: Substantially compliant

Reasons for our decision:

The inspector had an opportunity to examine a number of randomly selected service user files. All but one file contained a fully completed pre-admission assessment. The assessments seen evidenced the involvement of service users and/or their representatives. The assessments were utilised to create individual support plans.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements and Recommendations

One requirement made

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 3 Contract/Agreement**

Each service user must have a contract/agreement detailing the services to be provided.

Our Decision: Compliant

Reasons for our decision:

All service user files contained signed and dated service agreements. The document covered all required areas and was presented in a format and language suitable for the service user.

Service users were given written notice of any changes to the agreement and at least 28 days' notice for any increase in fees.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 Service user plan**

Each service user must have an up to date comprehensive care support plan.

Our Decision: Compliant

Reasons for our decision:

All service user files seen contained support plans and "this is me" documents. Support plans covered needs and risks identified and included all the information required. All support plans evidenced service user and/or representative involvement. All of the support plans seen were signed by service users.

Support plans were regularly reviewed. Service users were invited to participate in the review meetings.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 5 Activities**

The day care service must offer a structured programme of varied activities and events related to its statement of purpose.

Our Decision: Compliant

Reasons for our decision:

The activity programme was displayed at the centre. It provided opportunities for group and individual activities. Activities provided included: trips out, quizzes, dominoes, reminiscing, arts and crafts, painting, skittles, exercise, lunch out, board games, sing along etc.

The programme was flexible and the staff working at the day centre adjusted planned activities following requests by the service users.

Individual needs to enable participation were recorded in the support plans.

Service user meetings took place regularly, it provided an opportunity to service users to discuss an activity programme and events, make any suggestions.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 Environment**

The environment must be safe, well maintained and remain suitable.

Our Decision: Partially compliant

Reasons for our decision:

The grounds and outside of the building were well maintained. Internally the building was clean. However a number of maintenance and repair jobs were outstanding. The issues identified included:

- Carpet in the main room needs replacing;
- Floor in the hallway and dining room would benefit from replacement;
- Dining room would benefit from re-painting;
- Furniture (tables and chairs) in the dining room must be replaced;
- Radiators need to be covered.

The manager was fully aware of the issues and had already requested for these jobs to be completed. The evidence of communication with people responsible for maintenance was available during the inspection.

The fire file was inspected. The file contained:

- An up to date fire risk assessment;
- Evidence of quarterly fire audits, the latest one completed on 29/08/18;

- An annual fire safety audit was completed on 28/02/18;
- Evidence of monthly fire extinguisher checks from April 2018 till September 2018; however no records prior to April 2018 were available for inspection;
- 6 monthly fire door maintenance checks, the latest recorded 21/04/18;
- Evidence of weekly fire alarm tests, the latest recorded 05/10/18;
- The latest fire drill was recoded on 25/05/18;
- An annual fire extinguisher service was completed on 28/03/18;
- Evidence of monthly emergency lights checks , the latest recorded 14/09/18;

Up to date Personal Emergency Evacuation Plans were in place for all service users. Staff working at the service demonstrated their knowledge of emergency evacuation procedure by explaining it to the inspector on arrival.

An up to date certificate of employer liability insurance was displayed at the centre.

The oil firing and servicing report, dated 21/09/18 was available for inspection. The inspector noted that the report contained the statement "oil tank should be replaced ASAP". No evidence that the issue was addressed was available for inspection.

Portable Electrical Equipment testing (PAT) was completed in December 2017.

Electrical installation condition report was dated 05/07/18. The Report was noted to be visual inspection only and unsatisfactory. Two issues requiring urgent remedial action and eighteen actions requiring further investigation without the delay were identified. Evidence that the issues were addressed was not available for inspection.

Evidence of monthly water temperature checks was available for inspection. The temperatures recorded were within the recommended range. The manager explained that a water sample was recently taken for analysis; however the water analysis report was not available for inspection. An in date risk assessment in regards to legionella was also in place.

The centre had a range of appropriate recreational and craft equipment available for the activities.

The service was registered with Department of Environment, Food and Agriculture as a food business.

There were two toilets, one female and one male. Both toilets were wheelchair accessible and had suitable hand washing and drying facilities. The inspector had a discussion with a staff member about the facilities, who suggested that the centre would benefit from an additional toilet.

The service had adequate space available for the number of service users attending the day centre of the daily basis.

Transport to and from the service, as well as for trips out was provided by Bus Vannin, who have responsibility of undertaking vehicle maintenance, checks of driving licences and ensuring that suitable insurance was in place. The inspector had an opportunity to examine records of these checks prior the inspection.

The office space provided adequate facilities for the staff to store their personal belongings.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

Four requirements made

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 7 Management and staffing

Good quality support and care must be provided by management and staff whose professional training, qualifications and expertise enable them to meet the service users' needs.

Our Decision: Partially compliant

Reasons for our decision:

The manager of the service was working towards QCF level 5 diploma, aiming to complete it in December this year.

The service did not have a permanent supervisor in place, therefore an acting supervisor was appointed. The acting supervisor held QCF level 2 diplomas. A support worker also held QCF level 2 (or equivalent).

Staff files were inspected. The files examined did not contain evidence of pre-employment checks and terms and conditions of employment. Files seen did contain job descriptions.

All files contained evidence of induction, signed off by supervisor and supervisee.

The training policy and staff training matrix was examined by the inspector. The training policy was past an identified review date. The inspector was made aware that the policy has been updated, however not ratified as yet. A number of gaps were identified in the training matrix.

There were twelve service users attending the centre on the day of the inspection and three staff members were on duty. Staff rotas were in place which indicated that staffing levels were appropriate to the needs of service users.

Staff files contained evidence of regular staff supervision at the frequency required. Supervision records were signed by supervisor and supervisee.

A wide range of environmental risk assessments was available. All risk assessments were reviewed this year and signed by the person assessing and the staff team. However the date noted on the majority of these documents only consisted of the month and year. The manager must ensure that all documents contain exact date of the review.

A policy in regards to challenging behaviour was in place. The acting supervisor explained that physical intervention was not used at the centre.

A policy in respect of administering medication was in place. The acting supervisor explained that at the time of the inspection, none of the service users required staff to administer their medication. A lockable storage box was available in the office.

The staff team collected lunch money from the service users. A recording system was in place to document it.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

Four requirements made

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 Safeguarding**

Service users must be safeguarded from abuse.

Our Decision: Compliant

Reasons for our decision:

The service had safeguarding policy and procedure in place. The Isle of Man Government Inter Agency Adult Protection Policy and Procedures 2016-2018, guidance on how to raise adult protection alert and whistleblowing policy were available to staff. The training records showed that all the staff team were up to date with safeguarding training.

No safeguarding issues were recorded since the service operation was taken over by DHSC.

The centre operated a daily register, which included the arrival and departure time of service users and staff.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 9 Complaints**

All complaints must be treated seriously and responded to promptly and effectively.

Our Decision: Compliant

Reasons for our decision:

A complaints policy and procedure was in place. The procedure included all the required information and was available to all.

The compliments, comments and complaints file was examined by the inspector. The file contained several compliments, one complaint was noted. The complaint was addressed by the manager in a timely manner. An appropriate record was kept.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
 Standard 10 Policies and Procedures**

The service must have policies and procedures in place which ensure the quality of care and service.

Our Decision: Substantially compliant**Reasons for our decision:**

There was a range of policies and procedures in place to guide and support staff practice. They covered all areas identified in appendix one. However not all policies had a review date on them, some were overdue review, some were not specific to the service.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements and Recommendations

One requirement made

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
 Standard 11 Quality and Improvement**

The service must have systems in place to assess the quality of the service and makes provision for improvement and development.

Our Decision: Substantially compliant**Reasons for our decision:**

The service did have some information available which could be utilised to measure the quality of the service provided. These included accident and incident records, complaints and compliments records, observations of care records and team and service user meeting minutes. However an annual report was not available for inspection.

All records maintained were well organised, legible, stored securely and in line with data protection principles. Service user files were found to contain signed and dated forms confirming consent to use of personal data and photographs.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

One requirement made

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or identify any inaccuracies, please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Egle Leadley

Date: 25/10/18

Part 5 - Provider's action plan and response.

The provider must complete this page in respect of all the requirements made within the report.

Requirements and Recommendations

1. Standard 2.1

The manager must ensure that all pre-assessments are fully completed, signed and dated.

Timescale: Immediately

2. Standard 6.3

Maintenance issues identified within this report must be addressed.

Timescale: Immediately

3. Standard 6.7

Firefighting equipment must be checked monthly and appropriately recorded.

Timescale: Immediately

4. Standard 6.3

The evidence that the issue raised in oil firing and servicing report has been addressed must be available for inspection.

Timescale: Immediately

5. Standard 6.9

The evidence that the issues raised in the electrical installation condition report have been addressed must be available for inspection.

Timescale: Immediately

6. Standard 7.5

The manager must ensure that evidence of all pre-employment checks is available for inspection.

Timescale: Immediately

7. Standard 7.7

All staff must have a contract of employment, including relevant terms and conditions.

Timescale: Immediately

8. Standard 7.10

The manager must ensure that all staff are up to date with all mandatory training as set out in the providers mandatory training policy.

Timescale: Immediately

9. Standard 7.11

The manager must ensure that all documents contain exact date of the review.

Timescale: Immediately

10. Standard 10.1 & 10.2

All policies and procedures must have a review date, those overdue must be reviewed and the content of policies must be relevant for day services.

Timescale: Immediately

11. Standard 11.2

The service must produce an annual report which lists the success of the service and a written development/improvement plan based on the outcomes of the quality assessment exercise.

Timescale: Immediately

Provider's Action Plan

2.2 All pre-assessment are now fully completed.
6.3 Decorators due to start painting 24.11.18 Floor to be layed in the near future, emailed a reminder ref radiator covers. Tables and chairs have been ordered.
6.7 Monthly fire extinguisher records filed in wrong folder.
6.3 An urgent request has gone in for a new oil tank.
6.9 A copy sent to R&I.
7.5 This has been reported to senior management.
7.7 As above.
7.10 In process of being revised.
7.11 This is being adhered to.
10.1&10.2 Reported to senior management.
11.2 Annual report will be completed by March 2019

To: The Registration and Inspection Unit, Ground Floor, St George's Court, Hill Street, Douglas, Isle of Man, IM1 1EF

From: Meadows View Day Centre

I / we have read the inspection report for the unannounced inspection carried out on **10th October 2018** at the establishment known as **Meadows View Day Centre**, and confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s).

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from receiving the report. Failure to do so will result in your report going on line without your comments.

Signed Responsible Person H.M.Champion
Date 22.11.2018

Signed Registered Manager H.M Champion
Date 22.11.2018

Action plan/provider's response noted and approved by Inspector: Date: 22/11/18 Signature/initials: EL
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