

Regulation of Care Act 2013

Adult Day Care Services

Reayrt Ny Baie
Adult Day Care

Unannounced Inspection

24 January 2019

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:

Reayrt Ny Baie (Douglas Day Centre)

Tel No: (01624) 629120

Address:

Reayrt Ny Baie, Albert Terrace, Douglas,

Email Address:

Sheila.kermode@gov.im

Name of Manager:

Supervisor – Sheila Kermode

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

none

Date of previous inspection:

First inspection

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

Four

Person in charge at the time of the inspection:

Sheila Kermode

Name of Inspector:

Catriona Bradley

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 has a reviewed statement of purpose which covers all the areas required.
The service is creating a new client handbook but all the required information is available via the statement of purpose and the information leaflet.
Prospective new service users are able to visit the day centre prior to agreeing to the service.

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: Compliant

Reasons for our decision:

A percentage of service user files were checked during the inspection visit and all contained evidence of a pre assessment being undertaken by the service. There was evidence of involvement of family members and professional involvement within some files. Not all service users had family available to be part of the process.

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

Our Decision: Compliant

Reasons for our decision: Every file checked contained a signed copy of the contract and the document contained all the required information. There was also a copy of a letter sent to all service users re changes to the contract.

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: Each file checked contained an up to date care plan which contained all the required information and had been reviewed within the identified period.

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 service has a four week activity rota in place, this and the daily activities were displayed within the activity room. The rota included a mixture of individual and group activities.

The supervisor explained to the inspector that activities were determined by the service users attending on the day and the rota was used as a guide.

The service had sufficient equipment, aids and resources to support participation of the service users.

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: Compliant

Reasons for our decision: Service users can access the service either via stairs or 2 lifts, which have been appropriately serviced and maintained.

The activity room was welcoming and laid out appropriately for the types of activities which were on offer.

The supervisor within the Health and safety audit raises concerns if any equipment or furniture requires replacing or maintenance.

The service has in place a written fire risk assessment which is internally inspected against quarterly.

All staff have received fire training and fire records confirmed that all the relevant checks have been undertaken at the frequency required.

Water temperature checks are done weekly and this is recorded and evidence of Legionella testing was available for inspection.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

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: Compliant

Reasons for our decision:

The staff team consists of the supervisor and one member of staff with the regular use of a bank staff on days when there are over ten service users. This ensures that the service meets the staffing ratios identified within their statement of purpose of 1-5.

There was evidence of training undertaken by the team and of regular supervision.

No medication is administered at the service by the staff team.

The staff collect the lunch money from the service users and follow the recording process for this activity.

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 8 Safeguarding

Service users must be safeguarded from abuse.

Our Decision: Compliant

Reasons for our decision:

The Isle of Man Government inter Agency Safeguarding Adults Policy and Adult Protection Procedures 2018-2020 were available to staff and provide the up to date guidance on how to raise adult protection alerts.

There have been no logged safeguarding concerns within the service.

The service operates a daily register, which includes the time of arrival and departure of the service users.

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

Our Decision: Compliant

Reasons for our decision:

The service has a complaints policy and procedure in place and the complaints information is clearly displayed.

There have been no complaints logged at the service in the last year.

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

Reasons for our decision:

The service had a wide range of policies and procedures in place which are created by Adult Services of the Department of Health and Social Care and the responsibility to review is outside of the services control. Evidence was available that all policies were within their review period.

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)
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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 supervisor for the service completes regular audits of Health and Safety issues and raises any issues found with the appropriate parties.

There was evidence of the previous year's quality assurance survey but none for the current year.

There was no evidence of an Annual report about the service.

All documents examined by the inspector were found to be in good order, legible and stored securely.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements

Two

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: C. Bradley

Date: 28/1/19

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

Standard 11.1

The day centre must have a formal quality assurance system in place. The system must include all the areas listed in the standard.

Timescale : 31st March 2019

Standard 11.2

An annual report must be produced. The report must list the success of the service and a written development /improvement plan based on the outcomes of the quality assessment exercise.

Timescale: 31st March 2019

Provider's Action Plan

11.1 All information was on the premises but needs to be centralised in one location. In process of being revised.

Annual report will be completed by 31st March 2019.

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

From:

I have read the inspection report for the unannounced inspection carried out on **24.01.19** at the establishment known as Reayrt Ny Baie, 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 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 Sheila Kermode
Date 21.02.19

Signed
Registered Manager Helen Champion
Date 21.02.19

<p>Action plan/provider's response noted and approved by Inspector: Date: 25/2/19 Signature/initials: C. Bradley</p>
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