

Regulation of Care Act 2013

Domiciliary Care Agencies

Supported Living Nunnery Howe

Unannounced Inspection

4 December 2018

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

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 Registered Service

Name of Service:

Supported Living Nunnery Howe

Tel No: (01624) 674826

Care Service Number: ROCA/P/0138H

Address:

Nunnery Howe, Carnane Centre for Autism, Old Castletown Road, Braddan IM4 1AQ

Conditions of Registration:

None

Registered company name:

Autism Initiatives

Email Address:

Margie.quirk@autisminitiatives.org

Name of Responsible Person:

Paul Ormond Smith

Name of Registered Manager:

Margie Quirk

Manager Registration number: ROCA/M/0116

Date of latest registration certificate:

15 September 2015

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

None

Date of previous inspection:

26 February 2018

Number of individuals residing at the service at the time of the inspection:

Four (4)

Person in charge at the time of the inspection:

Margie Quirk

Name of Inspector(s):

Sharon Kaighin

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 |
|----|----------|---|-------------|
| 1 | 9.1 | The safeguarding policy is required to be updated with the correct Isle of Man details. | Met |
| 2 | 9.2 | The whistleblowing policy is required to be reviewed as necessary. | Met |
| 3 | 12.1 | The recruitment and selection policy is required to be reviewed. | Met |

Part 4 - Inspection Outcomes, Evidence and Requirements

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

The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

Our Decision:

Compliant

Reasons for our decision:

Care needs assessments were in place on all care files. These covered all relevant areas, and a working file was in place which provided a summary of care needs. This was available for staff who were knowledgeable on inspection as to support required by service users. Feedback and documents viewed confirmed that assessments had been carried out prior to the service commencing. Service user forums, together with informal discussions, ensured that any changes to care needs were identified. Care needs assessments were reviewed at the same time as care plans.

Evidence Source:

| | | | | | | | |
|-------------|--|---------|---|----------|--|------------|---|
| Observation | | Records | ✓ | Feedback | | Discussion | ✓ |
|-------------|--|---------|---|----------|--|------------|---|

Requirements and Recommendations

None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 6 – Care / support plan

A care / support plan must be in place for each service user.

Our Decision:

Compliant

Reasons for our decision:

Support plans were in place for each service user. These were detailed, and evidenced consultation with the individual. Plans specified ways to encourage independence, and varied in complexity as to the level of support required. Reviews had been held every six months. These were signed by the service user or their representative.

Evidence Source:

| | | | | | | | |
|-------------|--|---------|---|----------|---|------------|---|
| Observation | | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|--|---------|---|----------|---|------------|---|

Requirements and Recommendations

None

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

The agency's policy and procedures on medication protect service users.

Our Decision:

Substantially compliant

Reasons for our decision:

A medication policy was in place. The policy did not reference the Regulation of Care Act 2013, nor state that the Mental Capacity Act 2005 was not incorporated into Manx legislation. Clear procedures were included which covered obtaining, recording, storing, administering and the returning or disposal of medication. In line with the service's medication policy, staff competency to administer medication was assessed every six months. A log sheet was seen to confirm this. A staff sample signature sheet was also in place. Where appropriate, the support plans detailed assistance required, together with a medication risk assessment in place.

Evidence Source:

| | | | | | | | |
|-------------|--|---------|---|----------|--|------------|---|
| Observation | | Records | ✓ | Feedback | | Discussion | ✓ |
|-------------|--|---------|---|----------|--|------------|---|

Requirements and Recommendations

One requirement

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

The health, safety and welfare of service users and care and support staff is promoted and protected.

Our Decision:

Compliant

Reasons for our decision:

The health and safety file was in place in the service. This contained systems, policies and procedures. A range of safety checks were in place, all of which were up to date. Risk assessments were in place for service users; these had been reviewed appropriately and were agreed with, and signed by, service users.

Evidence Source:

| | | | | | | | |
|-------------|--|---------|---|----------|--|------------|---|
| Observation | | Records | ✓ | Feedback | | Discussion | ✓ |
|-------------|--|---------|---|----------|--|------------|---|

Requirements and Recommendations

None

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

Service users are protected from abuse, exploitation, neglect and self-harm.

Our Decision:

Compliant

Reasons for our decision:

A safeguarding policy was in place, as were the Isle of Man's multi-agency policies and procedures. Staff feedback confirmed that safeguarding was regularly discussed in supervisions; this was evidenced by the standing agenda item seen. The manager confirmed that any concerns would be dealt with in line with agreed procedure. There was a child safeguarding policy in place.

Evidence Source:

| | | | | | | | |
|-------------|---|---------|---|----------|--|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | | Discussion | ✓ |
|-------------|---|---------|---|----------|--|------------|---|

Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
 Standard 12 – Recruitment and selection of staff**

The well-being, health and security of service users is protected by the agency's policies and procedures on recruitment and selection of staff.

12.2, 12.3**Our Decision:**

Compliant

Reasons for our decision:

No new staff had commenced at the service since the last inspection. Previous inspections confirmed that all staff checks had been appropriately carried out. Staff contracts were in place, including the need to comply with the agency's Code of Conduct. This was re-signed annually by staff to evidence continuing compliance. The manager confirmed that a record of disciplinary incidents would be kept as appropriate. Referral to the Disclosure and Barring Service (DBS) in appropriate circumstances was confirmed would be carried out.

Evidence Source:

| | | | | | | | |
|-------------|--|---------|---|----------|--|------------|---|
| Observation | | Records | ✓ | Feedback | | Discussion | ✓ |
|-------------|--|---------|---|----------|--|------------|---|

Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
 Standard 19 – Complaints and compliments**

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

Our Decision:

Compliant

Reasons for our decision:

The complaints procedure was in place. Appropriate timescales and contacts were in place. No complaints had been received since the last inspection.

Evidence Source:

| | | | | | | | |
|-------------|---|---------|---|----------|---|------------|---|
| Observation | ✓ | Records | ✓ | Feedback | ✓ | Discussion | ✓ |
|-------------|---|---------|---|----------|---|------------|---|

Requirements and Recommendations

None

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: Sharon Kaighin **Date:** 3 January 2019

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 7.1

The agency must ensure there is a clear, written policy and procedure that identifies the limits to assistance and tasks.

Timescale: Immediate

Provider's Action Plan

Action plan Standard 7 –Medication

Action has been shared with senior management team. Policy to be revised and updated by o later 1/4/19

To include Registration and Inspection recommendation re IOM legislation

To be completed as soon as practicable (April 2019)

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

From: Autism Initiatives Supported Living

I / we have read the inspection report for the unannounced inspection carried out on 4 December 2018 at the establishment known as Supported Living Nunnery Howe, 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 Paul.Ormond-Smith
Date 1/2/19

Signed Registered Manager Margie Quirk
Date 31.01.2019

Action plan/provider's response noted and approved by Inspector: Kevin West
Date: 25/2/19 **Signature/initials:** K.W.