

Regulation of Care Act 2013

Adult Day Care Services

Gansey Day Centre

Unannounced Inspection

5 March 2019

***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

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Part 1 - Service Information for non-Registered Service

Name of Service: Gansey Day Centre

Tel No: (01624) 831811

Address:

Southlands Resource Centre
Church Road
Port St Mary
Isle of Man
IM9 5NL

Email Address:

kellie.maddrell-reeve@gov.im

Name of Manager:

Kellie Maddrell-Reeve

Date of any additional regulatory action in the last inspection year (ie 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:

Varied through the day.

Person in charge at the time of the inspection:

Kellie Maddrell-Reeve

Name of Inspector:

Stephen Buttery

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
		Not applicable, 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:

There was a statement of purpose in place. A service user guide was in place. This covered a summary of the statement of purpose, the referral criteria and process, the types of activities on offer and the fees. This was passed to each prospective service user and/or their family/representative prior to the service commencing. Service users had the opportunity to visit the service prior to a decision being made regarding attending. This time was used for the service user to become accustomed to the environment and by the manager and staff to carry out a compatibility assessment.

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:

All service users had an up to date assessment in place. The assessment was comprehensive. There was evidence of involvement of service users, family, other professionals' involvement in the assessment. The assessment was used to create an individualised care support plan.

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:

Contracts were in place for service users. These detailed the necessary information. Many contracts had been signed by relatives. The contracts were completed either before, or at the time of the commencement of 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 4 Service user plan**

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

Our Decision: Compliant

Reasons for our decision:

Service user files contained up to date care support plans. These included risk assessments. There was evidence of service user and/or family involvement in the development of the plans. Care plans included preferred terms of address, likes and dislikes, communication issues and details of any aids and equipment needed. Each of the plans had been recently reviewed. Anecdotal feedback from a relative confirmed that the care support plan reflects the needs 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 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:

There was a structured programme although the manager informed that this can be adjusted to meet the needs of the attendees on any given day. The activities varied and were purposeful. Pictorial prompts showed activities. Most activities took place within the centre however, the centre had use of transport and this would be utilised to facilitate activities in the community.

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:

The centre is purpose built, with plenty of room to carry out its purpose. It has its own entrance, which for safety purposes required an electronic card to open. It had been decorated in the last two years with each room/area having a theme. The themes were chosen by service users and staff had assisted in the decorating. The building was designed to be dementia friendly with plenty of natural and artificial light. Furniture and fixtures, such as hand rails were in good order. The building was clean and bright. The garden area was well maintained. All required fire safety measures were in place and the centre kept its own records in respect of fire safety checks. Personal Emergency Evacuation Plans were in place for each attendee. The signs for fire procedures were appropriately designed and displayed. All staff had attended fire training. A fire risk assessment was in place.

A valid public liability insurance certificate was displayed appropriately.

An electrical conformity certificate confirmed no issues with electrical safety. Portable appliance checks had been carried out as required.

Water temperatures had been tested and were within the required limits. Water tests had been completed with no issues identified.

All the equipment available was in good order.

The building had good access with an electronic lock to the entrance door. The dining area was bright and furnished with suitable chairs and other equipment. The meals were provided by the kitchen of the main Southlands building. All necessary precautions in respect of food preparation and handling were in place. Menus were displayed in written and pictorial form. The service was registered as a food business with the Department of Environment, Food and Agriculture.

The lavatories were clean and large enough to accommodate service users who required assistance.

The centre has use of transport which is provided under contract. All driver and vehicle checks had been carried out by the contractor.

There is a staff room, where personal items could be safely stored

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 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: Substantially compliant

Reasons for our decision:

Policies and procedures covered all of the requirements that applied to the type of service being provided. The manager held a Quality and Care Framework level five award in Leadership for Health and Social Care. When the manager was not available staff deputising were appropriately qualified and experienced. The service had a small staff team and will use 'bank' staff to cover any absences, such as annual leave. Other staff held relevant qualifications. All staff received regular supervision and had access to a training programme that consisted of mandatory and selective training. Staff reported they are encouraged to undertake specific training, such as dementia care. All mandatory training was up to date.

Staff files at the centre were comprehensive, however, they did not contain evidence of all pre-employment checks, these are held elsewhere. Induction programmes had been undertaken and signed off correctly. Supervision records were in place and showed that staff received regular supervision.

The duty rota reflected the actual hours worked. Where cover for absences was needed a 'bank' member of staff was used. All staff members were aware of the role and responsibilities. Any

current staff skills that could be used for activities were encouraged. The manager worked as part of team delivering the programme and relationships between staff and service users was observed to be positive.

Physical interventions to manage behaviour were not used. Staff had received training in de-escalation and distraction techniques.

All staff had received basic medication awareness training and staff competence in the administration of medication was assessed annually. Medication risk assessments and medicine administration records were in place.

The day centre had a cash handling policy in place; however, staff did not handle any financial transactions with attendance and lunch fees being invoiced.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One

**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 Safeguarding Adults, Adult Protection Policy and Procedures was available for staff. Staff had signed to confirm they had read these and other documents.

A book for recording arrival and exit times for visitors was kept at the entrance to centre and a daily record of arrival and departure times for service users was in place.

Adult protection basic training and safeguarding adults refresher training had been undertaken by all staff.

The safeguarding log showed there had been no safeguarding issues in the previous twelve months.

The manager showed a good understanding of adult safeguarding during discussions.

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:

The complaints log showed the service had not received any complaints in the previous twelve months. A complaints policy was available in a number of formats and a complaints procedure poster was displayed in a prominent place for service users and families/representatives to read. The policy contained all the information required. The procedure was referred to in the statement of purpose. There was no independent advocacy service available to the client group on the day of 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 10 Policies and Procedures
The service must have policies and procedures in place which ensure the quality of care and service.

Our decision: Compliant

Reasons for our decision:

The centre followed the policies and procedures of the Department of Health and Social Care, with some policies being somewhat generic. However, all the policies required were in place and were available to read.

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 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: Compliant

Reasons for our decision:

Formal quality assurance systems were in place and the manager used a number of tools to measure the quality of the service. These included a range of audits for record keeping and observations.

The manager had produced an annual report based on the findings and a development plan had been developed.

Evidence Source:

Observation	<input type="checkbox"/>	Records	<input checked="" type="checkbox"/>	Feedback	<input type="checkbox"/>	Discussion	<input type="checkbox"/>
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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: Stephen Buttery

Date: 5 April 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 7.5

Staff files must contain evidence of the recruitment process and that all relevant pre-employment checks had been completed.

Timescale: 31 October 2019

Provider's Action Plan

Standard 7.5: All staff files will contain the required ROCA form and relevant pre employment checks and information will be sort from OHR.

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

From: DHSC, Adult Services

I / we have read the inspection report for the unannounced inspection carried out on **5 March 2019** at the establishment known as **Gansey 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

Louise Carey (Service Manager)

Date

09/04/2019

Signed

Registered Manager

Kellie Maddrell-Reeve (Day Centre Co-ordinator)

Date

09/04/2019

Action plan/provider's response noted and approved by Inspector:
Date: 9/4/19 Signature/initials: S Buttery