
Regulation of Care Act 2013

Adult Day Care Services

The Meanagh Day Centre

Unannounced Inspection

13 February 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

Part 5: Provider's action plan and response

Part 1 - Service Information for non-Registered Service

Name of Service: Thie Meanagh Day service

Tel No: (01624) 686728

Address: Manor Woods, Farmhill, Douglas, Isle of Man IM2 2PF

Email Address:

Name of Manager: Natalie McCann

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: 11

Person in charge at the time of the inspection: Rubin Hough

Name of Inspector(s): Catriona Bradley and William Kelly

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: Substantially compliant

Reasons for our decision: The service had in place a statement of purpose but a few areas held incorrect information.

There was a service guide that is provided to those who wish to use the service and covers all the required information but the reference to the Data Protection legislation requires updating. The service enables prospective service users to visit prior to agreeing a contract.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements - Two

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: The inspectors randomly selected 6 service user files and found that all contained a fully completed pre- admission assessment "this is me "booklet. All the files held

evidence of service user and families' involvement in the process. It was evident that these assessments were utilised to create individual support plans.

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: All sampled service user files contained signed and dated service user agreements. The contract contained all the required information.

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 sampled service user files contained up to date care plans and the "this is me" documents. There was evidence that the files were reviewed regularly.

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 day service had an activity programme that was prominently displayed in the main activity room. They used not only words but pictures to support the service user's recognition and understanding of the activities.

The programme included group and individual activities and there was evidence of outside facilitators for certain activities e.g. singing for the brain and dog therapy. The staff informed the inspectors that the programme is flexible to the needs and wishes of the people attending 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 6 Environment**

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

Our Decision: Substantially compliant

Reasons for our decision: The day centre is situated on the 1st floor and access is gained either by a well maintained stair well or a lift. There was evidence of regular maintenance and checks of the lift.

The day service had evidence that all the required fire checks were being completed. There was a reviewed Fire risk assessment and sufficient signage across the service. The training file evidenced that all permanent staff were up to date with fire training but no evidence for the bank staff.

The day service was suitably laid out and furnished for activities and dining, the dining area was decorated in a way which was appropriate for the service user group. The service also has an office, a staff room and secure storage for service users personal items i.e. coats etc.

The insurance documents required by the service were suitably displayed in the lobby

The meals are provided from the adult care home which shares the building but the service has robust procedures to ensure they comply with food safety legislation and the service is registered with DEFA.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements - one

**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 service had access to DHSC policies and procedures but several required policies for Adult Day services were not found.

The service had completed training records for the regular staff team and all required training was in place but there was no record for the bank member of staff.

The inspectors were unable to access any staff files as the manager was not present.

There was a duty rota in place which clearly evidenced sufficient staff for the service.

There was evidence of comprehensive risk management by the service regarding the environment, activities and the service users.

Due to being unable to access staff files there was no evidence that the service was undertaking regular supervision for the staff team.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements –Four

**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: Substantially compliant

Reasons for our decision: The service had the required policy and procedures but the information re: referral needs to be corrected within the statement of purpose (requirement made in earlier standard).

The policy file identified the most recent document but the displayed procedure in the office was out of date.

The inspectors could not evidence that safeguarding was part of the induction process as they could not access the required staff files.

The service recorded the staff and service user attendance and this included the time of arrival and departure.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements - Two

**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 service had a complaints policy and procedure and information was contained within the statement of purpose, service user guide, the "getting things right" leaflet and displayed in the lobby.

The service had a complaints and compliments folder, the complaints log held all the required elements and the service had no complaints 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

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: The service had a policy and procedure file which was accessible to staff but a few required policies were not evident on the day of the inspection (this has been covered in standard 7).

It was also not evident how the service makes the policies and procedures available to the service users.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements - One**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: Partially compliant

Reasons for our decision: The service produced an annual report for 2017 – 2018 but it did not cover all the required elements of a formal quality assurance system as identified within the minimum standards.

The inspectors could not evidence that the registered person had systems in place to check and monitor staff activity as supervision files and the manager where not available.

All records and documents viewed on inspection were in good order and comprehensive.

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: _____

Date: _____

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

1. Standard 1.1

The statement of Purpose needs to be reviewed to ensure the referral process for Safeguarding (Adult Protection) includes the correct contact details.

The statement relating to "environmental and individual risk assessments requiring doors to be kept open at night" should be removed.

Timescale: 31 March 2019

2. Standard 1.1

The service user guide reference to the Data Protection Act needs to be updated to the latest version.

Timescale: 31 March 2019

3. Standard 6.6

The manager must ensure that all staff are trained around fire safety. There was no evidence of bank staff completing this training.

Timescale: 31 May 2019

4 Standard 7.1 & Standard 10.1

The following Policies and Procedures were not evidenced to the inspectors at the time of the inspection and should be made available to all staff members:

- Exclusion,
- Management of Keys,
- Menu Planning,
- Outings,
- Planning and Reviewing programmes and Activities.

Timescale: 31 March 2019

5 Standard 7.4

There must be evidence that all staff have the knowledge and skills to care for people attending the service. There was no evidence of training for the bank staff.

Timescale: 31 March 2019

6 Standard 7.5

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

Timescale: Immediate

7 Standard 7.10

The manager must ensure that staff supervision records are available for inspection.

Timescale: Immediate

8 Standard 8.1

Written procedures for safeguarding vulnerable adults must be the most up to date version.

Timescale: 31 March 2019

9 Standard 8.3

The manager must ensure that staff records are available evidencing that the procedures for safeguarding vulnerable adults are included in the induction programme.

Timescale: Immediate

10 Standard 10.3

All policies and procedures are available for service users.

Timescale: Immediate

11 Standard 11.1

The formal quality assurance system to measure the quality of service provided must include the following:

- The number and type of complaints received and any learning from these,
- Comments and compliments about the service from a range of stakeholders,
- Accident and incident reports,
- Observations of those who use the service,
- Views of staff and volunteers working at the service.

Timescale: 31 March 2019

12 Standard 11.3

The manager must have systems in place to check and monitor staff activity to ensure compliance with the terms and conditions of their employment.

Timescale: Immediate

Provider's Action Plan		
Standard	Timescale Given	Action to be taken
<p>Standard 1.1 The Statement of Purpose needs to be reviewed to ensure the referral process for Safeguarding includes the correct contact details. The statement relating to 'environmental and individual risk assessments requiring doors to be kept open at night' should be removed.</p>	31/3/19	<p>Manager to Review SOP to ensure:</p> <ul style="list-style-type: none"> • The contact details for the Safeguarding team are correct. • The statement relating to 'environmental and individual risk assessments requiring doors to be kept open at night' has been removed.
<p>Standard 1.1 The Service User Guide reference to the data Protection Act needs to be updated to be the latest version.</p>	31/3/19	Service Users Guide to be updated by Manager
<p>Standard 6.6 The manager must ensure that all staff are trained around fire safety. There was no evidence if bank staff completing this training.</p>	31/5/19	Manager to ensure that all staff including Bank staff have received up to date Fire Safety Training.
<p>Standards 7.1 and 10.1 The following Policies and Procedures were not evidenced to the inspector at the time of the inspection and should be made available to all staff members:</p> <ul style="list-style-type: none"> • Exclusion • Management of Keys • Menu Planning • Outings • Planning and Reviewing programmes and activities 	31/3/19	The Service Manager will explore if any of these topics are covered other policy or procedures. If these areas are not covered than this will be discussed with the Operational Lead for Older Persons Services and new documents will be devised if needed.
<p>Standard 7.4 There must be evidence that all staff have the knowledge</p>	31/3/19	Manager must ensure that the training matrix for bank staff must be up to date.

and skills to care for people attending the service. There was no evidence of training for the bank staff.		
Standard 7.5 The Manager must ensure that evidence of all pre-employment checks are available for inspection.	Immediate	Manager to ensure that all staff have the ROCA sheet at the front of their staff file and all required information is present.
Standard 7.10 The manager must ensure that staff supervision records are available for inspection.	Immediate	Manager to ensure that all supervision records are made available for inspection.
Standard 8.1 Written procedures for Safeguarding Vulnerable Adults must be the most up to date version.	31/3/19	All paper copies of Policy must be removed from the area. Staff can access the up to date version via the Adult Services Shared Area.
Standard 8.3 The manager must ensure that staff records are available evidencing that the procedures for safeguarding vulnerable adults are included in the induction programme.	Immediate	Staff files are in place which covers standard 8.3. However the staff files were not available for viewing on the day of inspection as the Co-ordinator was on placement. Therefor all Managers within Dementia Care & Support Services have been informed that if they are on leave than the staff file cabinet key must be left with an alternative manager or Service Manager. Therefor if an inspection takes place than all documentation can be viewed.
Standard 10.3 All policies and procedures are available for service users.	Immediate	We do not keep hard copies of Policies/procedures on the units as they are reviewed and updated regularly and there is a risk that old versions will be used. However the Service Users/Day Centre Handbook can be amended by the Manager to state where all DHSC procedures and policies can be found.
Standard 11.1 The formal quality assurance system to measure the quality of service provided must include the following: • The number and type of complaints received and any	31/3/19	We have already had one formal Quality Assurance Audit completed for The Meanagh Day Centre, this needs to be made available for the Inspector. Day Centre has a complaints and compliments book and is filled accordingly.

<p>learning from these</p> <ul style="list-style-type: none"> • Comments and complaints about the service from a range of stakeholders • Accidents and incident reports • Observations of those who use the service • Views of staff and volunteers working at the service 		<p>Accidents and incident reports are recorded via Datix system. Prior to Datix becoming live Day centre followed the local Incident Reporting Process which was updated in September 2018.</p> <p>SIG meeting and care review meeting involves families' and carers' where they can raise their observations and suggestions.</p> <p>Day Centre staffs have regular supervision meetings with Coordinator where their views and suggestions about the Day Centre service are discussed.</p>
<p>Standard 11.3 The Manager must have systems in place to check and monitor staff activity to ensure compliance with the terms and conditions of their employment.</p>	<p>Immediate</p>	<p>Day Centre staff have regular supervision meetings where work performances are reviewed. This is also an opportunity to identify any training needs that staff may require. Admin Officer ensures that the Training Matrix is up to date.</p>

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

From:

I / we have read the inspection report for the unannounced inspection carried out on ++ at the establishment known as ++, 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

L. Carey

Date

25/03/2019

Signed

Registered Manager

Click here to enter text.

Date

Click here to enter text.

Action plan/provider's response noted and approved by Inspector:

William Kelly

Date: 12/4/2019

Signature/initials: WK