

Regulation of Care Act 2013

Adult Day Care

Balleysleih Day Service

Announced Inspection

17 June 2021

Contents

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4: Inspection Outcomes and Evidence and Requirements

Part 1 - Service Information for Registered Service

Name of Service:

Balleysleih Day Service

Telephone No:

(01624) 672038

Care Service Number:

ROCA/P/0212d

Conditions of Registration:

The maximum number of service users able to attend is 16 (sixteen).

Registered company name:

Praxis Care

Name of Responsible Person:

Richard Broughton

Name of Registered Manager:

Julie Ormond

Manager Registration number:

ROCA/M/0273

Date of latest registration certificate:

27/11/20

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

This is the first inspection

Date of previous inspection:

This is the first inspection

Person in charge at the time of the inspection:

Julie Ormond

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.

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.

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.

Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

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 part 3, regulation 9.

Inspections concentrate 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 and safe.

Summary from the last inspection

Number of requirements from last inspection:

This is the first inspection

Number met:

Number not met:

All requirements not met will be addressed within this inspection report

Purpose of Inspection:

Balleysleih Day Service was inspected on 17 June 2021. This was an announced statutory inspection. This was the first inspection so compliance with all Minimum Standards for Adult Day Care were addressed.

Type of Service:

Balleysleih is a day service based at Mooragh View in Ramsey. The day service is based on the ground floor, and has both craft rooms, a quiet room and plenty of communal space including a kitchen and bathroom facilities.

Inspector activity during the inspection:

For the purposes of the inspection a variety of paperwork was examined. This included the following:

- Statement of Purpose
- Service User Handbook
- Documentation relating to service users
- Paperwork and procedures concerned with environmental and personal safety
- Annual report

The inspector spoke with staff, residents and carers during the inspection. All feedback was positive, with service users seen taking part in activities and relating positively with staff.

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
 Outcome
 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:
 A Statement of Purpose was in place. This however did not contain all required areas, namely safeguarding and therapeutic techniques. A service user guide was in place; this also did not contain reference to accessing the activities list, terms of attendance and service users' responsibilities.

No pre admission assessments were in place on inspection; this was due to all service users being long standing users of the service. A pre admission assessment would be undertaken for all new admissions to the service. The inspector was informed of the taster sessions which would all be individually arranged as applicable.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:
 Two

Recommendations:
 None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 – Assessment of Need
 Outcome
 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:
 Service users' files were sampled on inspection, and each contained an assessment and risk management plan. Evidence was in place of the service user and other relevant individuals being involved as far as possible. Assessments were then used to inform the care support plans which were seen on inspection.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

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

Outcome

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

Our Decision:

Substantially compliant

Reasons for our decision:

Each service user had a contract in place. This did not contain all required information. However, the Statement of Purpose together with the service user handbook, contained all the necessary information. If this combined documentation is to be the contract, this must be clearly stated. The contract had provision for the service user to sign or reasons for not signing in place. All service users had been transferred from other services. For new service users, the inspector was assured that this would be completed.

Evidence was seen of service users being given notice of changes to the contract conditions. This notice was in at least twenty eight days in advance.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Service User Plan**

Outcome

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

Our Decision:

Compliant

Reasons for our decision:

Comprehensive support plans were in place for each service user. They contained a section which was completed if they were unable to sign. Plans contained all required areas of support to be met by the service. Reviews were in place and were recorded. The manager confirmed that service users were able to have access to their care plan as desired.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

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

Outcome

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:

Group and individual activities were in place. Varied activities were seen on inspection, with many resources and community based activity. Participation was encouraged with assistance as required. Examples were provided of external sources providing activity with required safeguards. Activities were displayed in an applicable pictorial format.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

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

Outcome

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

Our Decision:

Substantially compliant

Reasons for our decision:

The grounds of the day centre were well maintained, with both a greenhouse and summerhouse available for use. The service had space for wheelchair users, together with space for different activities and quiet rooms. The premises were clean and well maintained. Some actions identified by the fire risk assessment were not evidenced as having been carried out. Staff and service users had completed fire drills. Fire safety training had been carried out by all staff. PEEPS (Personal Emergency Evacuation Plans) were in place for service users and appropriately updated. Fire instructions were in place and were appropriately reviewed. Weekly fire alarm testing had been carried out. Monthly firefighting checks were in place. Emergency lighting checks were completed. Fire drills had been done.

Appropriate public liability insurance was in place. A valid electrical installations certificate was in place. Portable Appliance Testing (PAT) testing had been completed. Water temperatures were within required limits, although guidance on service paperwork as to prescribed temperature limits was incorrect and is required to be amended.

Varied activity resources were in place, with service users seen to be involved in activity. Outdoor seating was available, and plants and flowers were being grown. Bird feeders had also been made by service users. Environmental risk assessments had been carried out with regard to mobility needs.

Fridge and freezer temperatures were seen to be logged. Various health and safety notices were in place including allergens and health and safety policy statements. Food hygiene training had been completed.

Two toilets were in the service which were both wheelchair accessible. They were clearly marked and both locks were able to be overridden. All service users were mobile.

Vehicle maintenance records were seen with weekly checks in place. Appropriate insurance was in place. Staff storage was adequate.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Two

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Management and Staffing**
Outcome
Good quality support and care must be provided by management and staff whose professional training, qualifications and expertise enables them to meet the service users' needs.
7.2, 7.4, 7.5, 7.8, 7.9, 7.10, 7.11, 7.13, 7.14.

Our Decision:

Substantially compliant

Reasons for our decision:

The manager was qualified to QCF level 5. A training programme was in place, and staff confirmed that this was comprehensive. Records were seen on inspection which demonstrated that staff were largely up to date with training with a few omissions.

Evidence was seen of comprehensive induction for staff, with discussions with the manager confirming that the probation period was individual and able to be extended as appropriate. All staff had completed an induction programme and feedback confirmed that staff felt very supported, with a balance between hands on training and online study.

Staff rotas demonstrated that there were always two staff members on duty when there were seven service users present. This would be increased when numbers of service users attended. Feedback indicated that staffing could be short as a post was currently vacant. However this was in hand and shifts were covered by relief staff as far as possible.

Staff files were seen as part of the inspection. The inspector was informed that not all documentation was in place, due to this being mislaid at the service headquarters. There was also no record of manager recruitment documentation available for inspection. A requirement has been made regarding this.

Staff feedback confirmed that the training programme had been thorough. Supervision notes were seen which were all up to date. The building had environmental risk assessments in place which were regularly reviewed. Health and safety checks were carried out as part of the Estates building maintenance programme.

No medication was being administered by staff at the time of inspection. Service users administered their own medication, with a signing in and out sheet signed by staff and viewed on inspection. The manager confirmed that processes were in place regarding medication competency assessments and training, should staff administer medication in the future. A medication policy was in place and appropriately reviewed. The Statement of Purpose, together with service users' care records, all contained reference to individual medication requirements.

Financial transactions with service users were all recorded, with each individual having their own wallet and individual record book which were signed and seen on inspection. Petty cash was also double checked and monthly audits carried out.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 - Safeguarding
 Outcome
 Service users must be safeguarded from abuse.
 8.1, 8.2, 8.3, 8.4, 8.6.

Our Decision:

Compliant

Reasons for our decision:

Written safeguarding policies and procedures were in place, together with Isle of Man Government Safeguarding policies and procedures. Relevant Notification of Events had been submitted. Safeguarding was included in the induction programme and the refresher training for staff. The refresher training was overdue at the time of inspection, and a requirement has been made. Written records regarding safeguarding concerns were in place and seen. Appropriate action would be taken as regards to the disclosure and Barring Service (DBS) as appropriate.

A daily attendance register was kept which was seen on inspection which contained all times of arrival and departure.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 9 – Complaints**
Outcome
All complaints must be treated seriously and responded to promptly and effectively.

Our Decision:

Compliant

Reasons for our decision:

A complaints procedure was in place, together with a pictorial version displayed for service users. Details of the Registration and Inspection Team were included. No complaints had been received by the service.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 10 – Policies and Procedures**
Outcome
The service must have systems in place to assess the quality of the service and makes provision to improvement and development.

Our Decision:

Substantially compliant

Reasons for our decision:

The policies and procedure listed were in place apart from some exceptions; namely exclusion, outings, planning and reviewing programmes and activities, referral and security of the day setting. Some were provided post inspection. Staff had access to policies and procedures.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

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

Outcome

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:

No complaints had been received at the service. Monthly monitoring reports were undertaken and also annual surveys of service users, seen on inspection. The inspector had opportunity to talk with relatives of service users whilst on inspection. They were all very positive regarding the service and the care given to service users. Staff and service users were seen to have a relaxed relationship on inspection.

An annual report was in place in the service. Records were seen to be securely stored in locked cabinets situated in an office which was locked when unoccupied.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

Other areas identified during this inspection /or previous requirements which have not been met.

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 have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.

Inspector: Sharon Kaighin

Date: 15 July 2021

Provider's Response

From: Balleysleih Day Service

I / we have read the inspection report for the inspection carried out on 17 June 2021 at the establishment known as Balleysleih, and confirm that there are no factual inaccuracies in this report.

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)

Signed Responsible Person Richard Broughton
Date 02.09.21

Signed Registered Manager J.T. Ormond
Date 02.09.21