



Regulation of Care Act 2013

Adult Day Care Services

Crossroads Adult Day Care

Unannounced Inspection

12 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

Part 5: Provider's action plan and response

Part 1 - Service Information for Registered Service

Name of Service: Crossroads Adult Day Care

Tel No: (01624) 673103

Care Service Number: ROCA/P/0130D

Address: Masham Court, Victoria Avenue, Douglas, IM2 4AW

Conditions of Registration:

1. The registered person must not care for more than twenty one (21) service users in the area of the main hall and kitchen area.
2. The registered person must not care for more than seven (7) service users in the area known as the "craft room."
3. The registered person must not care for more than five (5) service users in the area known as the "sun room."

Registered company name: Crossroads Care

Email Address: jsloane@crossroadsiom.org

Name of Responsible Person: Jackie Betteridge

Name of Registered Manager: Jayne Sloane

Manager Registration number: ROCA/M/0185

Date of latest registration certificate: 28/11/17

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 present / using / residing at the service at the time of the inspection: 16

Person in charge at the time of the inspection: Annette Pinhorn

Name of Inspector(s): 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: Substantially compliant

Reasons for our decision:

The service had a Statement of Purpose which covered all the required areas and has been reviewed regularly.

The service does not have a separate service user guide or handbook the only information provided at this time is the Statement of Purpose which does not cover all the elements required within a service user guide or handbook.

There was evidence of service users having taster sessions prior to commencing the service.

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 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: Substantially compliant

Reasons for our decision:

All the service user files sampled on the day of the inspection contained an assessment which had evidence of service user, family and other professional involvement with the process. However some assessments were dated the same date as the service commenced rather than before the service was agreed

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 3 Contract/Agreement

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

Our Decision: Non-compliant

Reasons for our decision:

No service user file held a contract /agreement which detailed the services provided.

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 4 Service user plan

Each service user must have an up to date comprehensive care support plan.
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Our Decision: Partially compliant

Reasons for our decision:

Some of the service user files sampled had comprehensive care plans but others contained little or no evidence of the support/care being provided by the service. There was no evidence of service user involvement with the care plan or reasons for non-involvement.

Those files with care plans included all the required elements except what the service user prefers to be called.

Not all care plans held evidence of regular reviews or dates set for reviews as required.

As part of the care plan consent forms were signed by family but the actual care plan document held no evidence of being agreed or signed.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements

Five

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 5 Activities
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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 provides individual and group activities and these are service user led. There were a wide range of activities on offer which were appropriately resourced.

The service offered community based and in house activities and there was an am and pm programme which offered a balance of physical and mental stimulation to 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: Substantially compliant

Reasons for our decision:

The service is provided in a single storey building with appropriate access for all. There is a garden which was accessible from both activity rooms. On the day of the inspection the building was warm, clean and welcoming to all.

The service had a Fire Risk assessment but the action plan had not been completed within the timescales set. The service had no recorded fire drills within 2018 but one had been undertaken in 2019. The weekly fire alarm tests were not being recorded/ evidenced appropriately as there were gaps within the checks.

The Legionella risk assessment was in place and the last water checks were undertaken in May 2018. The water temperature was being checked at the appropriate frequency but numerous checks recorded the temperature as higher than the recommend level, the service had identified this as a risk but no evidence of when this will be resolved.

The vehicles are used to transport service users on a daily basis had appropriate checks are completed and evidenced. The service had the appropriate insurances for the vehicles.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements

Three

**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:

The service had a range of policies and procedures but a number of the required policies were not available on the day of the inspection. (This will be covered in Standard 10)

The registered manager for the service holds the required qualification and over 50% of the staff team hold a QCF level 2 or 3 qualification.

The training matrix evidenced that the team had completed appropriate training for the service and that dates for refreshers training was identified. The section which records supervision had not been completed for many of the staff but the inspector was informed that supervisions were being undertaken.

The service evidenced that all pre- employment checks were undertaken and recorded within the staff files.

The duty rota and the service clearly indicated that there were sufficient staff to meet the service users' needs on each day.

The service had a range of risk assessments in place but not all the identified actions had been met within timescales.

All staff who undertake the administration of medication had completed training but the service had no evidence that competency is assessed annually.

Evidence Source

Observation		Records	✓	Feedback		Discussion	✓
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Requirements

Three

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:

Crossroads had a policy and procedure re safeguarding which was in accordance with the Isle of Man Safeguarding procedures.

The training matrix evidenced that all staff are up to date with safeguarding training and refresher dates were identified.

The service must create a safeguarding log to record any safeguarding concerns which includes details of the investigation, the outcome and the action taken by the service.

Attendance of staff and service users was recorded but the exact arrival and departure times needs to be included.

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: Substantially compliant**Reasons for our decision:**

Crossroads had a complaints policy and procedure in place and this was displayed within the service.

A record of complaints must be kept which contains details of all communications with the complainant, the results of any investigations and any action taken.

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 10 Policies and Procedures**

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

Our Decision: Partially compliant**Reasons for our decision:**

The service had a wide range of policies and procedures but the following from Appendix A which are required for Adult Day Care Service were not evident on the day of inspection:-

Communication

Exclusion

Missing Service Users

Notifications to Registration and Inspection

Planning and reviewing programmes and activities

Security of the day care setting

Visitors.

Crossroads must ensure that the policies and procedures are reviewed regularly (a minimum of every 3 years) and the review date must be clearly recorded.

Crossroads policies and procedures were available to all staff and service users.

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 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:

Crossroads uses the CROQUET system to formally quality assure their service but they need to ensure that it contains the required elements:-

- 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.

Crossroads produce a number of formal reports but non which meets the requirements of the annual report within the minimum standards.

All records and documents were 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: 26/3/19

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

1. Standard 1.2

The service must have a service user guide/ handbook or ensure that the Statement of Purpose covers all the required information.

Timescale – May 2019

2. Standard 2.1

The Adult Day Care Service must undertake an assessment of the individual service user's needs prior to offering a place to ensure their needs can be met by the provision.

Timescale – Immediate

3. Standard 3.1 – 3.5

Each service user must be provided with an individual written contract/agreement which sets out the details of the service to be provided.

The contract must be signed and dated by the service user and the manager of the service (where this is not possible the reasons should be recorded).

The contract/agreement must be in place prior to the service user starting at the service. Any changes in service must be given in written notice.

Timescale – Immediate

4. Standard 4.1

All service users must have a comprehensive care support plan in place.

Timescale – Immediate

5. Standard 4.2

The service user must be involved in creating their care support plan. Where the service user chooses not to be involved or is unable to, this must be recorded and family or other professionals must be involved.

Timescale – Immediate

6. Standard 4.3

The service user care support plan must include what they prefer to be called.

Timescale – May 2019

7. Standard 4.4

All service users care support plans must be reviewed in line with the Statement of Purpose (6 monthly)

Timescale - Immediate

8. Standard 4.5

All care support plans must be signed, where this is not achievable the reasons must be recorded.

Timescale – immediate

9. Standard 6.4

The Action plan in respect of the Fire Risk Assessment must be actioned within the identified timescales.

Timescale – May 2019

10. Standard 6.7

Records must confirm that all fire checks and drills are carried out at the appropriate frequency.

Timescale – Immediate

11. Standard 6.10

Water temperatures must be within the recommended range.

Timescale – May 2019

12. Standard 7.10

Supervision and appraisals must be recorded in line with the required frequency.

Timescale – May 2019

13. Standard 7.11

Risk assessment action plans must be met within the given timescales

Timescale – May 2019

14. Standard 7.13

Staff administering medication must have an annual competency assessment.

Timescale – Immediate

15. Standard 8.4

The service must have a written record of all safeguarding concerns.

Timescale – Immediate

16. Standard 8.6

The daily attendance record must record the time of arrival and departure for staff and service users.

Timescale – Immediate

17. Standard 9.4

The service must keep a written record of complaints.

Timescale – Immediate

18. Standard 10.1

The service must have all the policies listed in Appendix A of the minimum standards.

Timescale – May 2019

19. Standard 10.2

All standards and procedures must be reviewed regularly and the review date must be clearly recorded.

Timescale - May 2019

20. Standard 11.1

The quality assurance system must contain all the require information.

Timescale - May 2019

21. Standard 11.2

The Adult Day Care Centre must produce an annual report which lists the success of the service and a written development/improvement plan based on the outcomes of the quality assessment exercise. The plan must be displayed and available to all.

Timescale – September 2019

Provider's Action Plan

Crossroads accept the recommendations and have a plan in place to action under the time frames advised.

There has been a period of change both operationally within the service and significant changes one of which was present on the morning of the unannounced inspection had just started working in her role as care coordinator.

Unannounced Inspection for Crossroads Day Services
12th March 2019

Action Plan

Standard 1.2

Statement of purpose has been updated to include specific information about Social Club project.

Standard 2.1

Assessments previously have been carried out during taster sessions whilst attending day services. With immediate effect, all new referrals to day services will have full assessments done prior to commencing the service.

Standard 3.1 – 3.5

Crossroads contract/agreement is the care agree. A copy of care agreed to include planned sessions will be given to the service user/their carer at each new assessment and afterwards at each reassessment.

All care plans for service users attending Premium Project will be signed off by the Team Leader in Premium Project.

All care plans for service users attending Social Club will be signed off by the Team Leader in Social Club.

Standard 4.1

All service user records are to be reassessed which will consist of reviewing all file documentation. This will be done with involvement from family/carers and the service user where appropriate.

Standard 4.2

As per 4.1. Premium Project service users agree their own care and are part of the activity planning process.

Social Club places can be more challenging with service users often lacking capacity and understanding, although effective communication methods are used to be able to determine likes and dislikes which form part of the planning process. Service Users have PCP's which include involvement from multi agencies to achieve shared objectives. Information from PCP's are included in the assessment and reassessment documentation.

Standard 4.3

Preferred name is part of the assessment criteria. Where there are blanks in assessment documentation, these will be highlighted and completed by Social Club/Premium Project as a matter of urgency. Both Team Leaders have been made aware of this inspection recommendation and have been asked to check and update as necessary all service users records.

Standard 4.4 and 4.5

As per above action.

Standard 6.4

Fire Risk Assessment has been revisited. At the time of inspection the service had been undergoing changes in senior management with lapses in procedures. All building checks relating

to Health and Safety, Emergency Procedures and Fire safety have been visited with compliance demonstrated.

Safety Checks are delegated when the manager at Masham Court is unavailable.

Standard 6.7

As per action 6.4.

Standard 6.10

This was achieved upon receiving the recommendation. EMS has fitted a regulator to the main boiler preventing all water temperatures from exceeding 50 degrees. Monthly water tests will monitor all tap temperatures to demonstrate compliance.

Standard 7.10

1st quarter supervisions and annual appraisals have now been completed and dates have been set for 2nd quarter meetings.

There are still 2 outstanding supervisions for this period, both being staff who have been on sickness absence.

Standard 7.11

Reviewed as part of reassessments

Standard 7.13

Not Achieved and remains outstanding. Staff observations to be held and planned to check competencies when support workers are administering medication.

Standard 8.4

A log has been created to document all safeguarding concerns and actions.

Standard 8.6

Signing in for all staff now happening in the main signing in and out book, this is in addition to the staff sliding board.

Standard 9.4

Complaints log created.

Standard 10.1

Policies updated to include missing persons and communication.

No exclusion policy has been devised and included but an exclusion statement has been created.

New policies and exclusion policy awaiting Crossroads Board approval.

Standard 11.2

Reports already prepared for Crossroads board meeting contain most of the detail as laid out in the standards.

The timescale for this action is September and this will coincide with the final report to the board which will also be available in services and displayed to all.

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 12 March 2019 at the establishment known as Crossroads Adult Day Care, 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**

Click here to enter text.

Date

Click here to enter text.

Signed**Registered Manager**

Jayne Sloane

Date23rd April 2019**Action plan/provider's response noted and approved by Inspector:****Date: 7/5/19****Signature/initials: C. Bradley**