



Department of Health and Social Care

Rheyynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Adult Day Care

Reayrt Skyal

Unannounced Inspection

24 & 29 April 2019

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

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Part 1 - Service Information for non-Registered Service

Name of Service:

Reayrt Skyal

Tel No:

(01624) 686750

Name of Manager:

Janet Carney

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

None

Date of previous inspection:

31 May & 11 June 2108

Number of individuals using or attending the service at the time of the inspection:

Six

Person in charge at the time of the inspection:

Lauren Wells & Janet Carney

Name of Inspector(s):

Mandy Quirk

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 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:

Fifteen

Number met:

Twelve

Number not met:

Three

All requirements not met will be addressed within this inspection report

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2
Outcome – 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:
Pre admission assessment documentation had been devised and implemented. However, the document was not fully completed for all new service users.

There was evidence of involvement of service users and family members or other relevant parties in the completion of pre admission assessments and the 'This is Me' documents.

It was possible to determine that the pre admission assessment linked to any support plans developed.

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

Our Decision:
Compliant

Reasons for our decision:
All service users had care plans in place which identified areas of support needed and how this was to be achieved.

The support plans detailed involvement of family members and other professionals and noted when service users were not involved.

Support plans contained all required information including assessment of risks.

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
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:

A weekly programme of activities was on display. These were group activities, but there was a range of equipment available should any service user prefer individual activities. This could be flexible on the day to facilitate service user choice.

The range of activities available was found to be varied, enjoyable and age appropriate. Service users were enjoying a quiz during the inspection.

There was ample space indoors and in the garden for activities to take place. In addition to this activities had taken place in the community on occasion.

There were no contracted activities provided.

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
Outcome – the Environment must be safe, well maintained and remain suitable.**

Our Decision:

Compliant

Reasons for our decision:

Externally the building and grounds were well maintained.

It was all one level with wide corridors and ample space to support ease of access to and from the building and movement within.

The premises was bright, tidy and in good order.

Fire safety measures were in place and staff training was up to date. However, weekly fire alarm checks had recently lapsed, emergency lighting monthly checks were overdue and only one fire drill had been completed.

Valid public liability insurance was in place and on display.

An electrical installations condition report (EICR) had been completed

Portable electrical appliance (PAT) testing had been completed

There were measures in place to minimise the risk of scalding and exposure to legionella micro-organisms.

Floor space was clear of equipment which could cause obstruction or trip hazard.

The service was found to be compliant with food hygiene regulations and all staff had accessed training.

Sufficient, suitable toilets were available for use with hand washing facilities.

The overall space available was in line with the required standard for the numbers of service users accessing the service.

Bus Vannin who provide all transport had systems in place to ensure that all vehicle maintenance, licence checks and required insurance was in place.

Staff had access to a large office where they could store personal items.

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 7

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.

Our Decision:

Partially Compliant

Reasons for our decision:

There were policies and procedures available in relation to all areas identified in appendix one

The manager was qualified to Quality Care framework (QCF) level five

The staff member who deputised for the manager was qualified to QCF level three

There was a training programme in place.

The manager had been involved in the recruitment of the newest staff member, but not all required information was available in her staff file or accessible on the information hub.

There were no volunteers in the service currently.

There was a job description and terms and conditions of employment in place for the new starter.

An induction, which was relevant for the change of role within services, had been completed.

Duty rotas showed the number of staff working and noted any absence due to sickness, training or annual leave. Staffing on the first day of inspection was within the working ratio for the service, of one staff member for every five service users. However, feedback received from staff indicated that due consideration should be given to reviewing staff to service user ratios.

The manager had conducted the required number of supervision sessions with permanent and bank staff members, pro rata. The manager had received only two supervisions during the year and annual appraisals for her and a staff member had not been fully completed.

A range of internal and external environmental risk assessments had been completed, which sought to minimise any potential risks. These had recently been reviewed and updated.

Staff members administering medication had attended basic medication administration training and were up to date with refresher training. Staff members followed a detailed medication policy and competence was assessed annually. The bank staff member did not administer medication but acted as a second signatory when required. Medication was stored in a locked cabinet in the office.

There was no policy regarding service user finances but staff members do not handle any service user monies as the daily service fee is invoiced directly to service users.

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 8
Outcome – Service users must be safeguarded from abuse.**

Our Decision:

Compliant

Reasons for our decision:

The service follows the Isle of Man Safeguarding Adults Policy and Adult Protection Procedures 2018-2020. This provides staff members with all required information.

Safeguarding was found to be covered during the first week of induction for new staff members. This was followed by attendance at adult protection training and online refresher training. All staff members were up to date with adult protection training.

No safeguarding incidents had occurred within the service but there were systems in place for recording such, should that be required.

There were registers for staff and service user attendance which recorded arrival and departure times daily.

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 9
Outcome – All complaints must be treated seriously and responded to promptly and effectively.**

Our Decision:

Compliant

Reasons for our decision:

There was a complaints policy and procedure on display in the entrance area of the service. It was found to contain all required information.

New service users were given information about how to complain in the statement of purpose when they join the service.

A complaints file had been developed and the record sheet noted all key information however there had been no complaints since the last 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 11****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:

There were a range of quality assurance measures in place.

An annual report had been completed but it lacked clarity regarding the successes of the service. A variety of audits had been completed and listed in the report. However, there was no information regarding the outcomes or any learning from the information gleaned. Therefore the development plan for the year ahead could not clearly be linked to the quality assurance exercise.

The manager worked alongside staff members and so used observations of practice combined with supervision sessions and appraisal to monitor staff compliance with their role and responsibilities.

All records were held in the office and where required stored either in a locked cabinet or online with password protection. There was evidence that staff members had maintained awareness of changes to data protection requirements.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

Other areas identified during this inspection /or previous requirements which have not been met.**Standard 6.7**

- Only one fire drill had been completed
- Monthly emergency lighting checks were not up to date
- The last weekly fire alarm check was overdue

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements:

One

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

Inspector: Mandy Quirk

Date: 15/05/19

Provider's Response

From: Reayrt Skyal Day Service

I / we have read the inspection report for the inspection carried out on **24 & 29 April 2019** at the establishment known as **Reayrt Skyal Day Service**, 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

Lianne Janet Carney

Date

21/05/2019

Signed

Registered Manager

Louise Carey

Date

21/05/2019