



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

Cummal Mooar Day Service

Unannounced Inspection

1 May 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:

Cummal Mooar Day Service

Tel No:

(01624) 369256/697405

Name of Manager:

Rebecca Hughes

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

None

Date of previous inspection:

18 June 2018

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

9

Person in charge at the time of the inspection:

Rebecca Hughes

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:

Eleven (11)

Number met:

Nine (9)

Number not met:

Two (2)

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:
Compliant

Reasons for our decision:
A pre admission needs assessment had been completed for new service users, prior to the commencement of the service. There was evidence of involvement of service user and families involvement. Information from the assessment document was linked to the development of support plans.

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 4
Outcome – Each service user must have an up to date comprehensive care support plan.

Our Decision:
Substantially Compliant

Reasons for our decision:
Service user records included support plans relating to all areas of identified need and where relevant risk assessments had been completed.

There were also 'This is me' documents which evidenced service user and family involvement. However the support plans did not record service user involvement or the reason for no involvement. The manager amended the template to address this during the inspection.

Reviews were held annually or as required in response to any changes, with service users involved.

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 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:

There was a wide range of equipment available for indoor activities, which could be group or individual. A daily programme was on display; however the staff members were willing to be flexible in response to service user feedback.

Some community activities had been arranged in response to service user requests and more were planned for the months ahead.

When devising the activities programme staff members had considered service users support needs. The range of activities on offer was found to be varied, enjoyable and appropriate for the age and interests of the service user group.

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:**

Partially compliant

Reasons for our decision:

The service was located on the first floor of a building which was well maintained internally and externally. The service base was a large open plan room, which was clean and bright. The area was accessible for all service users.

There were a range of fire safety measures in place and staff members were up to date with training.

Valid public liability insurance was on display.

There were two electrical installations condition reports (EICR). One covered eighty per cent of the system and was satisfactory whilst the report which examined twenty per cent of the system was

unsatisfactory. Three actions were identified and evidence to confirm that the work identified had been completed was provided post inspection.

Portable electrical appliance testing (PAT) had been completed.

There were systems in place to reduce the risk of legionella. Water checks for legionella micro-organisms had been conducted, with evidence provided post inspection. There were thermostatic mixer valves in situ, which had been checked and recorded water temperature checks for basins was within recommended guidelines.

First aid kits were in situ and checked monthly.

The day centre was well laid out within the open plan space it occupies. Service users were able to move around without obstruction and the available space was in line with minimum standards.

The day centre was registered as a food business and found to be compliant with food hygiene regulations.

There were sufficient, suitable toilets available.

All vehicle and driver checks had been completed by Bus Vannin.

There was a small office space where staff could store their belongings.

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
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 complaint

Reasons for our decision:

There were policies and procedures in relation to all identified areas.

The manager was qualified to QCF level five, whilst the day centre supervisor was qualified to QCF level three.

There was a training programme in place, with fifty per cent of the staff team qualified to QCF level two.

The service has a full time vacancy which cannot be filled due to fact that issues regarding contracts and terms and conditions of employment have still not been resolved. An existing bank staff member is used whenever possible.

Volunteers in the service were well supported with access to relevant training and policies and procedures. Records for one volunteer noted that they “feel happy and love being a volunteer. I think the staff members are great, the clients are great and I love helping at the day centre”.

Despite working for DHSC since October 2016 issues relating to staff terms and conditions of employment have not been fully resolved and staff members continue to work without the reassurance of a contract in place. This process must be concluded at the earliest opportunity as feedback indicated that impact upon staff members has and continues to be considerable. However staff members must be congratulated for ensuring that their own difficulties have not affected the service provided.

There were sufficient staff members on duty during the inspection. Examination of the duty rotas showed that training, sickness and bank staff cover were noted. On days when the service runs on two staff only a risk assessment had been completed to minimise any potential risks.

Staff and management team meetings were conducted regularly with written minutes taken. The manager had completed regular supervision of all staff, including the regular bank staff and volunteers. The day centre supervisor had only received regular supervision since November 2018 and had not had an annual appraisal. However, she had completed annual appraisals with both permanent and bank staff members.

There were a range of internal and external risk assessments in place which had recently been reviewed.

There are currently no service users requiring staff support to administer medication. Any service users who need to take medication during the day were self-medicating.

The only service user finances that staff deal with, were the receipt of the daily service charge. Staff members were found to follow a routine with regard to collection, recording and banking of any monies received, in line with financial regulations.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Three

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 had detailed safeguarding policies and procedures accessible to staff on electronic records. The policy included all necessary information.

Staff members had attended safeguarding adults training and refresher training. However the bank staff member had not. A place has now been booked on the next available course.

There had been no safeguarding incidents within the service but staff members were aware of the procedures to follow if such an event should occur.

A daily register was maintained for staff and service user attendance. This included arrival and departure times.

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
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Outcome – All complaints must be treated seriously and responded to promptly and effectively.
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Our Decision:

Compliant

Reasons for our decision:

Staff members had access to a complaints policy and procedure which included all required information. The policy was on display in the service. Information about complaints was given to service users on commencement of the service.

A complaints log was available and included details of the complaint, investigation and outcome.

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. These were noted within the annual report however there was insufficient information regarding the outcomes and consequently the link between the audit outcomes and the development plan for the year ahead were not clear. The manager amended the document during the inspection and addressed these issues.

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: 16/05/19

Provider's Response

From: Cummal Mooar Day Service

I / we have read the inspection report for the inspection carried out on **1 May 2019** at the establishment known as **Cummal Mooar 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 R.N.Hughes
Date 28.05.2019

Signed Registered Manager H.M.Champion
Date 28.05.2019