



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

Ny KiareThieyn

Unannounced Inspection

9 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:

Peel Day Centre

Tel No:

(01624) 469799/697404

Name of Manager:

Helen Champion

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

None

Date of previous inspection:

13 & 27 June 2018

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

Ten (10)

Person in charge at the time of the inspection:

Donna Carswell

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:

Fourteen (14)

Number met:

Twelve (12)

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:
Pre admission assessments had been completed for new service users, prior to a place being offered.

There was evidence that service users and their families were involved in the process.

There were clear links from the assessment 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:
Compliant

Reasons for our decision:
Records of new service users were examined and they contained up to date support plans which included all required information.

Documents were signed by service users and if not the reason for this was noted.

This is me documents were also completed by service users and their family members.

There was evidence that support plans were reviewed six monthly or sooner if required. Service user involvement in reviews was by choice and reasons for non-involvement were noted.

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:

There was a wide range of activities on offer for service users which were age and culturally appropriate.

Daily activities for the morning and afternoon were on display, however feedback indicated that the programme was flexible in response to service user preference.

Activities were well resourced and conducted mostly within the day centre however day trips out in the community were also arranged periodically. There was also a garden area furnished with table and seating for use in good weather.

There was regular consultation with service users, to ensure that the programme provided met with their interests and wishes.

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:

The exterior of the building, car park and gardens were well maintained.

The building was all on one level making it easily accessible. The main activity area incorporated the dining area and was large and bright.

Overall the building was in a good state of repair, clean and well presented. This is despite the lack of a cleaner except for 1.5 hours on a Saturday. The staff team must be given recognition for

the fact that they have been cleaning the day centre, including toilets and kitchen, in order to ensure the day service could remain open.

All required fire safety measures were in place and staff members had attended fire safety training.

Valid public liability insurance was on display.

An electrical installations condition report (ECIR) was completed in 2017 with areas identified for action. Evidence to confirm that work to rectify issues had been completed was provided post inspection.

Portable electrical appliance testing (PAT) had been conducted.

There were systems in place to minimise any risk of exposure to legionella micro-organisms and scalding, evidence of which was provided post inspection.

The boiler had been serviced, evidence provided post inspection.

Mobility aids were suitably stored so as not to present an obstruction.

The service was registered as a food business and was compliant with food hygiene standards. Staff members had trained in food safety.

There were sufficient accessible toilets within the building.

Space available for service users was in line with minimum standards.

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

There was an office available with storage for staff personal items.

Office arrangements will change imminently in line with the Western Wellbeing Project. Discussion evidenced that issues relating to storage, privacy, training and online records would be supported by new proposals. The remaining issue was the service ability to respond to spontaneous events and a solution has now been found.

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 compliant

Reasons for our decision:

Policies and procedures to cover all required areas were available.

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

The supervisor was qualified to QCF level three.

There was a training programme in place and the remaining staff team members were qualified to QCF level two and three.

There had been no new starters within the service so it was not possible to assess whether staff files were complaint during the inspection.

The service did not currently have any volunteers.

Despite moving to work for the DHSC in October 2016 staff members still do not have agreed terms and conditions and a contract of employment. This has had a significant impact on the morale of staff members and must be resolved as matter of urgency. Staff members were currently covering the lack of a cleaner for the service and had been doing so for fourteen months in order to keep the service open.

The duty rotas showed that during the inspection there were sufficient staff members working at the service. The rota did note issues including training, sickness and annual leave. However the supervisor explained that due to staff shortage in other day services, staff members have to be released to provide cover elsewhere. This was also linked to the inability of services to recruit to vacancies until contract issues are resolved.

There was a good system of staff supervision in place for both staff members and the manager.

Annual appraisals had been completed for all.

Regular staff and management meetings were held which supported effective communication.

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

The use of physical intervention was not required within the service however staff did have access to an appropriate policy should that change.

Staff members working within the day service do not administer medication currently.

Financial regulation guidelines where followed when dealing with receipt of daily service fee.

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:

There was an adult protection policy in place to guide and support staff practice. All necessary information was included.

There had been no new staff in the service but the induction programme confirmed that safeguarding would be covered within a new employee's first week.

All staff members were up to date with adult protection training and refreshers.

There had been no safeguarding concerns within the service however the process to address and record was detailed to support staff actions, if required.

A daily attendance record was in place, for staff and service users, which recorded arrival and departure times.

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.
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Our Decision:

Compliant

Reasons for our decision:

There was a complaints policy in place and on display.

The policy and procedure contained all required information.

Service users were given information about complaints in the statement of purpose when they join the service and a copy of the comments, complaints or compliments leaflet.

No complaints had been received since the last inspection but there was a complaints log available to record any that may be received.

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:

Compliant

Reasons for our decision:

There were a range of quality assurance measures in place against which the quality of the service provided was assessed.

The manager was able to monitor staff compliance with their role and policies and procedures through observation, supervision and annual appraisal.

An annual report had been completed and gave details of service successes, audit outcomes and linked these to the development plan for the year ahead.

The service records were well organised, up to date and stored securely.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements:

None

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: 20/05/19

Provider's Response

From: Peel Day Centre

I / we have read the inspection report for the inspection carried out on **9 May 2019** at the establishment known as **Peel Day Centre**, 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

D.L. Carswell

Date

28.05.19

Signed

Registered Manager

H.M.Champion

Date

28.05.19