Isle of Man Government

Reiltys Ellan Vannin

Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Regulation of Care Act 2013

Adult Care Home

Southlands

Unannounced Inspection

26 June 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:
Southlands

Tel No:
(016214) 831831

Name of Acting Manager:
Janine Laydon

Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):
None

Date of previous inspection:
29 September and 3 October 2018

Number of individuals using or attending the service at the time of the inspection:
43

Person in charge at the time of the inspection:
Janine Laydon

Name of Inspectors:
Stephen Buttery and William Kelly

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:
Ten

Number met:
Ten

Number not met:
None

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 1 – Information, Assessment and Admission
People are confident that the home's information reflects the services practice and that written information is accurate and current. The registered provider is able to clearly establish that the home's facilities and staff can meet the individual's specific needs and requirements. The admission process is planned and people are clear on the terms and conditions surrounding their residency.

Our Decision:
Substantially Compliant

Reasons for our decision:
The inspectors had the opportunity to review the most recent Statement of Purpose, which included all of the information set out in Schedule 3 of the registration regulations; however, there was some information that required updating and the Statement of Purpose would benefit from additional information to support some of the criteria within the standards.

The inspectors were informed that an easy-read version of the Statement of Purpose was available on request.

Copies of the Statement of Purpose were posted on noticeboards throughout the home for the benefit of residents and visitors; however, these were out of date and required updating.

Records demonstrated that appropriate, pre-admission assessments had been completed outside of the home with the support of a family member or social worker, to the criteria within the standard, including a staged admission process; however, compatibility assessments had not been routinely completed. Records only demonstrated the outcomes the new admission would have had on the home and its residents.

Records showed that the service users had a review meeting 4 weeks after their admission to discuss their residency and formally offer them a permanent placement.

Residents each had a contract that included all of the criteria required within the standard; however, when fees have been increased, this new information was not recorded within the residents file.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓

Requirements:
Two

Recommendations:
One

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort

4.10 The fire safety and fire safety management in the home meets the requirements contained within the Health and Safety at Work etc. Act 1974 (UK), the Management of Health and Safety at Work Regulations 1999 (UK) and the schedule thereafter; in addition:

- The home has a suitable and sufficient fire risk assessment that is compliant with the above Regulations and the Isle of Man Fire Safety guidance and instructions.
- Staff to have appropriate fire safety training on induction and receive further training not more than 3 months following induction. Thereafter training is renewed annually. This training to be carried out by a recognised provider.
- The means of escape to be adequately maintained and kept free from hazards.
- Fire safety systems to be installed throughout the premises and to be installed in accordance with the relevant British and European Standards.
- Testing and maintenance of all fire safety systems to be carried out in accordance with the relevant British and European Standards.
- Records confirm that weekly alarm tests monthly firefighting equipment (including emergency lighting) checks, and fire drills carried out at least twice per annum are carried out.
- Records of all testing, maintenance and training to be kept on the premises and these records are to be produced on request of a duly authenticated inspecting officer.
- If the Home has a fire certificate issued under the Fire Precautions Act 1975 (IOM) & Fire Precautions Amendment Act 1992 (IOM) it will be compliant with the Isle of Man Fire Safety Department requirements and recommendations. In all other homes any advice provided by either the Isle of Man Fire Safety Department or the DHSC Fire Officer will be followed.

Our Decision:
Substantially Compliant

Reasons for our decision:
The home had a suitable and sufficient fire risk assessment, which was reviewed in October 2018.

The fire safety and fire safety management in the home conformed to the most current legislation identified within the standards. Staff received appropriate fire safety training within their induction period and records confirmed that further training was given within 3 months following induction. All staff fire safety training was renewed annually, thereafter.

Fire safety systems were installed throughout the premises, including a sprinkler system; records confirmed that the fire-fighting equipment was visually checked monthly and annually serviced by qualified technicians.

The fire alarm system was tested weekly and the outcomes recorded. The emergency lighting required testing monthly; however, there was a gap of 3 months within the home's records. Records demonstrated that the emergency lighting was maintained annually by qualified technicians.

Records confirmed that the home had conducted 3 fire drills since the last inspection.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓

Requirements:
One

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort

4.11 The registered person makes available a range of policies and procedures that support safety, health and hygiene and ensures the home complies with relevant legislation including the Health and Safety at Work Act 1977 (IOM); Health and Safety at Work Act 1974 (UK) and Management of Health and Safety at Work Regulations 2003.

Our Decision:
Compliant

Reasons for our decision:
All health, safety and hygiene policies and procedures were in place and were available to all members of staff within the home.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort

4.12 Staff have received training and follow robust policies in relation to cross infection and hygiene control and are able to demonstrate their understanding and practice in their routines. The policies in place are in line with recognised good practice guidelines.

Our Decision:
Compliant

Reasons for our decision:
Records confirmed that all staff members were up-to-date with infection control training and relevant policies and procedures were in place.

The home had housekeeping staff and discussions with them confirmed they had specific routines, including the use of colour-coded cleaning equipment for different tasks. There was also cleaning guidance on the wall in each of the bathrooms.

All staff had access to personal protective equipment for their personal health and safety, including different coloured aprons for the various cleaning tasks around the home.

Liquid hand soap and paper towels were available at each wash-hand basin and hand-washing reminders were displayed on each of the soap dispensers.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort
4.13 The Food Hygiene Regulations 2007 (UK) are complied with and records made to demonstrate compliance.

Our Decision:
Substantially Compliant

Reasons for our decision:
Records stored in the kitchen demonstrated that the home had been conforming to the majority of food hygiene regulations, with exception to the recording of fridge and freezer temperatures.

Fridge temperatures were being taken and recorded daily; however, the temperature charts, used to record the temperatures of the fridges, stated that they should be maintained between 2°C - 8°C. The majority of the fridges around the home were being recorded at above 5°C.
Fridges used to store food should be kept below 5°C.

There were no thermometers available to record the freezer temperatures at the time of the inspection.

Colour coded chopping boards were available in the main kitchen. Food stored in the fridges in the dining areas on each wing of the home, had appropriate stickers identifying when the food had been opened and when to use by.

Hot food, transferred from the main kitchen to the dining areas on each wing, should be kept at a minimum of 63°C when hot-holding; however, food probes were not being used and food temperatures had not been routinely recorded.

Records evidenced that staff were following the 'Safer Food – Better Business' opening and closing checks within the kitchen areas of the dining rooms on each wing of the home.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	

Requirements:
Two

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort
4.14 Advice, guidance and records in relation to the Control of Substances Hazardous to Health Regulations (COSHH) 1999 (UK) are maintained.

Our Decision:
Compliant

Reasons for our decision:
Information data sheets, giving advice and guidance on the safe use and storage of substances identified as hazardous to health, were present within the home.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort

4.15 Reporting Injuries, Diseases and Dangerous Occurrences Regulations 1985 (IOM) (RIDDOR) are complied with and recorded.

Our Decision:
Compliant

Reasons for our decision:
Records and discussions with the manager and duty manager confirmed that the home had sufficient information available to follow the most current RIDDOR regulations in the reporting of workplace accidents.

There were no reportable incidents under RIDDOR regulations since the last inspection.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort

4.16 Electricity at Work Regulations 1989 (UK) is complied with. A certificate of conformity/safety is available for the home's electrical installations that are in compliance with 'The 17th Edition, Wiring Regulations' or equivalent. Portable Electrical Appliance Tests (PAT) are carried out and recorded in compliance with current guidance and instruction.

Our Decision:
Compliant

Reasons for our decision:
A full electrical installations report was completed on 25 November 2017 and approximately 20% of the electrical installations had been tested in March 2019

Portable Electrical Appliance Tests were completed between November 2018 and December 2018.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort

4.17 Regulation of water temperatures and design solutions to control the risk of exposure to Legionella micro-organisms (water stored in tanks at 60 °c degrees) and risk from hot water temperatures (not exceeding 44 degrees °c for baths and 41 degrees °c for showers and wash hand basins) are carried out in keeping with requirements and guidance and recorded. (Water Supply (Water Fittings) Regulations 1999 (UK)).

Our Decision:
Substantially Complaint

Reasons for our decision:
Each hot water outlet was regulated by a thermostatic mixer valve. Records confirmed that all of the valves had been checked and maintained regularly. The last maintenance check was 21 June 2019.

The home had a Legionella risk assessment in place which had been reviewed recently. A sample of water was taken for testing for the Legionella bacteria on 3 December 2018 and recorded as clear.

Records demonstrated that all water outlets were regularly run and a schedule showed that the shower heads had been cleaned with disinfectant by the housekeeping staff on a weekly basis.

Records were available showing that water temperatures from the baths, showers and wash basins were being tested and recorded; however, this was not on a regular basis, the most recent water temperature check was one week prior to the inspection.

Water temperatures taken on the day of inspection did not exceed maximum temperatures stated above.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	

Requirements:
One

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort
4.18 Central heating and boiler maintenance is carried out and recorded, and where appropriate compliance with Gas Safety (Installation and Use) Regulations 1994 is complied with.

Our Decision:
Compliant

Reasons for our decision:
Records confirmed that the central heating system and boiler were maintained on an annual basis. The last service was completed on 21 June 2019.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Environmental and Personal Safety and Comfort
4.19 The service has in place, and displayed, appropriate public liability insurance

Our Decision:
Compliant

Reasons for our decision:
The home had current Public Liability Insurance and the certificate was appropriately displayed in the general office.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 6 – Staffing
Staff files (including volunteers) contain:

- A completed application form and interview notes.
- All pre-employment checks.
- The names and addresses of two referees (not family members) who may be approached to comment on the applicant's suitability (one of those referees is the applicant last employer). Those references are taken up and contained in the file by the employer.
- Evidence of a relevant Disclosure and Barring Scheme check (DBS) and that these checks have been reviewed by the Employer every 3 years. (Providers will have 3 years to implement this across their service from the introduction of these revised standards – 2020).
- Evidence that a check with the DHSC Social Services has been undertaken (when introduced).
- A statement that the applicant has no known medical condition that will debar them from carrying out their duties.
- Certificates of qualifications and achievements, for all staff.
- Registration and revalidation details for Registered Nurses, Social Workers and other professionals.

Our Decision:
Substantially Compliant

Reasons for our decision:
Staff files for new staff were found to contain evidence of all criteria within the standard, as listed above, with the exception of one staff file. Pre-employment checks for this member of staff only had record of their passport, instead of the required two forms of positive identification.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓

Requirements:
One

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Management Quality and Improvement

7.8 Formal quality assurance systems are in place and the registered person uses a range of tools to measure the quality of the service provided. This will include:

- numbers and types of complaints received and any learning resulting from this;
- comments and compliments about the service from a range of stakeholders and any actions taken as a result of stakeholder feedback;
- accident and incident reports;
- observations of those using the service;
- views of staff working at the service;
- reports from the responsible person's visits to the home (or their nominated person) which must include the notes of the visits.

Our Decision:
Substantially Compliant

Reasons for our decision:
The provider utilised a range of quality assurance measures within the home, including all those listed above, with the exception of including a report from the responsible person or nominated person.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓

Requirements:
One

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Management Quality and Improvement

7.9 An annual report lists the success of the service and introduces a written development/improvement plan based on the outcomes of the quality assessment exercise. The plan is displayed and available to all. The annual report could include:

- achievements in the year;
- plans for the future;
- outcomes of the quality assessment exercise;
- medication audits;
- equipment audits;

- care plan audits and;
- compliments and complaints received and any changes made as a result of concerns raised.

Our Decision:
Partially Compliant

Reasons for our decision:
The inspectors had the opportunity to review the most recent Southlands Annual Plan 2018 – 2019. Sections included a development/improvement plan for the coming year; however, there was no evidence that these were based on the outcomes of the quality assessments identified in Standard 7.8

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓

Requirements:
One

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 7 – Management Quality and Improvement

7.10 The registered person has in place recording systems to check and monitor staff activity to ensure compliance with the terms and conditions of their employment and the home's policy and procedural requirements.

Our Decision:
Compliant

Reasons for our decision:
The home managers worked alongside staff members and were, therefore, able to observe staff practice directly on a regular basis. Records demonstrated that personal supervision sessions and team meetings had also been used to ensure that staff members worked effectively in line with the homes policies and procedures and the terms and conditions of their employment.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Management Quality and Improvement
7.13 The registered person ensures confidentiality of personal information and complies with the principles outlined within the Data Protection Act 2002.

Our Decision:
Compliant

Reasons for our decision:
Paper records were found to be stored securely in locked cabinets and computer records were password protected.

Relevant policies had been updated to reference the Isle of Man Data Protection Act 2018.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓

Requirements:
None

Recommendations:
None

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

Standard 2.15
The notice board informing residents of up-coming activities was observed to be out of date.

Evidence Source:

Observation	✓	Records		Feedback	✓	Discussion	✓

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: Stephen Buttery and William Kelly **Date:** 4 July 2019

Provider's Response

From: Southlands

I / we have read the inspection report for the inspection carried out on **26 June 2019** at the establishment known as **Southlands**, 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 Click here to enter text.
Date Click here to enter text.

Signed Jan Laydon
Registered Manager
Date 15/07/19