



Department of Health and Social Care

---

*Rheyinn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Adult Day Care**

Southlands Day Centre

### **Unannounced Inspection**

12 July 2019

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

## Contents

**Part 1: Service information**

**Part 2: Descriptors of performance against Standards**

**Part 3: Inspection Information**

**Part 4: Inspection Outcomes and Evidence and Requirements**

**Part 1 - Service Information for non-Registered Service**

**Name of Service:**

Southlands Day Centre

**Tel No:**

(01624) 834630

**Name of Manager:**

Liz Creer (Day Centre Supervisor, referred to as 'The Manager' throughout the report).

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

None

**Date of previous inspection:**

9 May 2018

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

6

**Person in charge at the time of the inspection:**

Liz Creer

**Name of Inspector:**

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:**

17

**Number met:**

16

**Number not met:**

1

**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:**  
The inspector reviewed a number of service user files. Records confirmed that service users' needs were thoroughly assessed before being offered a service within the day care centre. Family members and placing social workers were offered the opportunity to support the service user during the pre-admission assessments and introductory meetings to the centre.

The pre-admission assessments were used to create the care plans and associated risk assessments and records confirmed that these were reviewed regularly.

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

**Our Decision:**  
Substantially Compliant

**Reasons for our decision:**  
Service user support plans were found to be comprehensive, fulfilling the criteria within the standards. Arrangements were in place for support plans to be developed when the service user was unable to be involved; however, one service user had their care plan completed and signed without demonstrating that the service user had been given the opportunity to sign the plan.

Care plans were found to be integral to the development of the risk assessments and reviewed every six months with the service user and any other significant 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 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:**

The inspector observed the service users participate in activities at the centre. There was an activities planner clearly displayed identifying different organised activities throughout the week, including chair-based exercises, puzzles, quiz's and arts and crafts.

There was also an extensive list of additional board games, card games and quiz's available at the centre.

There was sufficient staff to support service users in their chosen activities.

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

Substantially compliant

**Reasons for our decision:**

The outside grounds and the inside of the building were well maintained, clean, tidy and of good decorative order.

There was a written fire risk assessment and a fire action plan completed and reviewed in March 2019. Fire notices were clearly on display throughout the building. Discussions with staff members confirmed they were aware of the fire evacuation procedures and had all received fire safety training.

Records confirmed that the fire alarm system had been checked weekly, emergency lighting had been checked monthly and the firefighting equipment visually checked on a monthly basis. Fire drills were carried out twice since the last inspection; October 2018 and April 2019.

Portable electrical equipment checks were carried out in December 2018 and an electrical conformity /safety certificate confirmed the whole of Southlands building was checked in November 2017; 20% of the building was checked in March 2019.

A current and up-to-date public and employer liability insurance certificate was clearly displayed on the notice board.

The legionella risk assessment was in place and a sample of water was last taken for testing for the Legionella bacteria on 3 December 2018 and recorded as clear. Weekly water temperature check records were available for inspection; however, the wash hand basin next to the sink in the kitchen area was recorded at 63.4°C.

There was a range of appropriate recreational and arts/craft equipment available at the day centre. The furniture and fittings were found to be appropriate to the activities on offer; positioning of the furniture took into account the mobility and overall needs of the service users. The day centre had sufficient space for the number of people using the service on a day-to-day basis.

The service was registered with the Department of Environment, Food and Agriculture as a food business. The staff team had completed a food hygiene refresher training in March 2019. A hot trolley was used for food service. The inspector observed staff checking and noting the food temperatures before serving.

Service users had access to three unisex toilets, all of them accessible by wheelchair. The toilets were clean and hygienic and had suitable hand washing and drying facilities. The facilities were lockable and had an override option on the outside, for emergencies.

The day centre transport was provided by Bus Vannin. The Registration and Inspections Unit were sufficiently satisfied that all appropriate driver and vehicle checks had been completed by Bus Vannin prior to their services being offered to the day centre.

The day centre had an office and adequate facilities for the staff and service users to store their personal items; however, it was noted that a number of walking aids were being stored in an area designated as the cloak room. Service users had access to the cloak room, which was also an area where other leisure resources were being stored. The walking aids could have caused a risk of harm to the service users.

**Evidence Source:**

Observation	✓	Records	✓	Feedback		Discussion	✓
-------------	---	---------	---	----------	--	------------	---

**Requirements:**

One

**Recommendations:**

One



**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:**  
Substantially Compliant

**Reasons for our decision:**  
All staff had access to the Department of Health and Social Care policies and procedures, which met the criteria within the standards. A policy in regards to challenging behaviour was in place; however, staff reported that physical intervention was not used at the centre.

The inspector did not have access to staff records at the time of the inspection so could not confirm staff pre-employment checks.

Discussions with other staff members confirmed that a minimum of 50% of the staff team have attained the relevant level of qualifications and had access to a training programme, including refresher training. There had not been any volunteers or new members of staff starting at the day centre since the last inspection.

Records confirmed that, prior to the previous inspection, new members of staff were given a 5-day induction programme before completing a minimum of three months’ induction; which was signed off by the manager. It was reported that new staff members were routinely shadowed by an experienced member of staff during their induction period.

Records demonstrated that staff members had completed all mandatory training and attended refresher training, when necessary.

The inspector had access to one staff member’s job description.

Duty rotas identified that a sufficient number of staff members were available for the number of service users attending each day. Due to short-staffing issues, the number of service users attending the day centre was capped to maintain the staffing ratio identified within the services’ statement of purpose.

Records showed that all financial transactions were recorded accurately.

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

**Our Decision:**

Compliant

**Reasons for our decision:**

The Isle of Man Government Inter Agency Safeguarding Adults Policy and Adult Protection Procedures 2018 - 2020 was available to all staff members.

Staff training records showed that all the staff members were up-to-date with adult protection training.

No safeguarding issues were recorded since the last inspection.

The day centre maintained a daily register identifying the arrival and departure time of service users.

**Evidence Source:**

Observation	✓	Records	✓	Feedback		Discussion	✓
-------------	---	---------	---	----------	--	------------	---

**Requirements:**

None

**Recommendations:**

None

<b>Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 9</b>
--

<b>Outcome – All complaints must be treated seriously and responded to promptly and effectively.</b>
--

**Our Decision:**

Compliant

**Reasons for our decision:**

The service had a complaints policy and procedure in place, a copy of which was prominently displayed and accessible to all. The policy had been reviewed in November 2018.

The day centre had not received any complaints since the last inspection.

**Evidence Source:**

Observation	✓	Records	✓	Feedback	✓	Discussion	
-------------	---	---------	---	----------	---	------------	--

**Requirements:**

None

**Recommendations:**

None

<b>Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 11</b>
---

<b>Outcome – The service must have systems in place to assess the quality of the service and makes provision for improvement and development.</b>
---

**Our Decision:**

Compliant

**Reasons for our decision:**

The day centre had a range of quality assurance measures in place, providing a method of assessing the quality of the services they have delivered.

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

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

The service user records were organised, up to date and stored securely in a locked cabinet within a locked office.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

**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:** William Kelly

**Date:** 6/08/2019

**Provider's Response**

**From:** Southlands Day Centre

I / we have read the inspection report for the inspection carried out on **12<sup>th</sup> July 2019** at the establishment known as **Southlands 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** Liz Creer  
**Date** 12-08-2019

**Signed**  
**Registered Manager** Helen Champion  
**Date** 12-08-2019