



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Adult Day Care

Gansey Day Centre

Unannounced Inspection

2 August 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:

Gansey Day Centre

Tel No:

(01624) 831811

Name of Manager:

Kellie Madrell

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

None

Date of previous inspection:

5 March 2019

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

Seven (7)

Person in charge at the time of the inspection:

Kellie Madrell

Name of Inspector:

Stephen Buttery

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:

One

Number met:

One

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 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 service had carried out individual needs assessments prior to a person being offered a place within the day care setting. The assessments drew from information gathered from the service user and assessments completed by other professionals and from family members. There was evidence that these were reviewed as necessary.

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:
Compliant

Reasons for our decision:
Each service user file seen contained a comprehensive support plan which contained evidence of involvement of the service user, their family and any professionals. These were reviewed as necessary with the service user and others involved in their care. The plans identified any potential risks and how these would be managed.

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 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 programme of activities displayed prominently in a format suitable for the service user group. There was also evidence of ad-hoc activities that were suggested by service users and/or made use of weather conditions. These included garden activities and trips out for lunch or ice cream. There was evidence that the staff responded to service user preferences within the daily records and through the development of the activities programme. On the day of inspection one service user had brought their pet dog with them and all the service users were observed to be enjoying this. The staff to service user ratio was high and the interaction with staff was seen to be positive, encouraging and responsive.

Staff members informed they supervised and monitored any activities provided by people not employed by the centre. There was evidence that feedback regarding the programme from service users was discussed at team meetings and the team responded to any comments and suggestions.

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:
Compliant

Reasons for our decision:
The service operates from within the Southlands Resource Centre. The grounds and the outside of the building were well maintained. A fire risk assessment was in place and fire notices were displayed appropriately. Records verified that the fire alarm system was checked weekly and fire drills had been carried out as required. All staff members were up to date with fire training. The emergency lighting system was checked monthly and an annual three hour test had been completed in June 2019. Weekly visual checks of firefighting equipment were also being carried out. All of the furniture and curtains were fire retardant.

The certificates for employer and Public liability were prominently displayed.

There was a system in place to regulate water temperatures and to control the risk of exposure to legionella. The toilets were unisex and were user friendly. Each had a lock that could be overridden from outside of the toilet.

There was a range of recreational and craft equipment available that was suitable to the service user group. The staff ratios were high and staff members were seen to be encouraging participation of all service users.

Lunch for service users was provided by the main kitchen in the Southlands building. Evidence that staff were checking the temperature of the food prior to it being given to service users was in place. All staff members had received training in food handling.

Transport was provided through a contracted service and the company had its own system for checking the suitability of the vehicles used and the drivers.

There were adequate facilities for the storage of staff and service user personal items. There were two offices available for staff to use.

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**

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:

Compliant

Reasons for our decision:

There were policies and procedures in place to support service users. The manager held a Level 5 Diploma in Leadership for health and Social Care and Young Peoples Services. In the absence of the manager other staff would be used to provide management of the service. Other staff members held a suitable Quality Care Framework qualification and there was a training programme in place to further develop knowledge and skills.

Some staff recruitment information was only held by the human resources office, however, there was ample evidence that the manager had sought to obtain the few supporting documents she had not received, and therefore a requirement will not be made.

The staff team was small so there was no need for a rota.

All new staff had undertaken a suitable induction programme. A further training plan for staff members was in place and the manager had carried out regular one to one meetings with each staff member. The manager was supported by her line manager through regular meetings and one to one supervision.

Minutes of team meetings evidenced these were being held every two months. Any actions identified were clearly assigned.

The manager was taking an active approach to managing risk and had developed safe systems to support the work being undertaken within the service. Risk assessments regarding the premises were incorporated into individual service users risk management plans, which were discussed with service users and their families.

The service is guided by the Department of Health and Social Care physical intervention policy and procedures and uses dementia capable care principles to manage behaviours that may challenge rather than physical interventions. Any incidents that had occurred were reported and recorded as necessary. Service users expressing any distress were encouraged and supported to spend time in a relaxation room as a calming method.

Two of the three staff members had received training in the administration of medicine. Staff competency was regular assessed by the manager, with her own competency assessed by a Registered Nurse. Medication was stored in a locked trolley within a locked room.

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

Our Decision:

Compliant

Reasons for our decision:

A copy of the Isle of Man Government Inter-Agency Safeguarding Adults, Adult Protection policy and procedures was available for staff members to refer to. All staff members had undertaken adult protection training and kept this up to date through on-line refresher courses. The manager was aware of the process of reporting any concerns regarding staff.

A daily attendance record was kept for fro both service users and staff members. This included arrival and departure times.

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 9- Complaints
--

Outcome- All complaints must be treated seriously and responded to promptly and effectively.

Our Decision:

Compliant

Reasons for our decision:

The service follows the Department of Health and Social Care complaints policy and procedures, a copy of which was displayed in the reception area. The policy contained all the required elements. Copies were available for service users or their family/representative upon request.

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 11- Quality and Improvement
--

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:

Formal quality assurance systems were in place. These included any comments and compliment and observations and feedback from service users, relatives and staff. The annual report included the outcomes of the quality assurance systems and a development/improvement plan. The service was also subject to internal care quality and safety monitoring inspections and reports.

The manager worked alongside the rest of the staff team on a daily basis so had a good grasp of their strengths and any areas of development. The manager informed she received good support from her line manager and her colleagues.

All documentation was legible and either maintained on computer or kept secure in locked cabinets.

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: Stephen Buttery

Date: 2 August 2019

Provider's Response

From: DHSC Adult Services, Gansey Day Centre

I / we have read the inspection report for the inspection carried out on **2 August 2019** at the establishment known as **Gansey 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 Kellie Maddrell
Date 02/09/2019

Signed Registered Manager Louise Carey
Date 02/09/2019

