



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

Nunnery Howe Resource Centre

Unannounced Inspection

28 August 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 Registered Service

Name of Service:

Nunnery Howe Resource Centre

Telephone No:

(01624) 674826

Care Service Number:

ROCA/P/0138I

Conditions of Registration:

No more than 21 service users at any one session.

Registered company name:

Autism Initiative (UK)

Name of Responsible Person:

Paul Ormond-Smith

Name of Registered Manager:

Andrea Gaskell

Manager Registration number:

ROCA/M/0162

Date of latest registration certificate:

28/11/18

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

None

Date of previous inspection:

19 and 24 October 2019

Person in charge at the time of the inspection:

Andrea Gaskell

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:**

Three

Number met:

Three

Number not met:

None

All requirements not met will be addressed within this inspection report

Part 4 - Inspection Outcomes, Evidence and Requirements
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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
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Our Decision:

Compliant

Reasons for our decision:

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

Our Decision:

Compliant

Reasons for our decision:

Service user support plans were found to be comprehensive, fulfilling the criteria within the standards. Records demonstrated that service users were fully involved with the development of the support plans, which had been signed by them, where possible. Arrangements were also in place for support plans to be developed with support from family members and placing social workers.

Care plans were found to be integral to the development of the risk assessments. Care plans and risk assessments had been reviewed every six months with the service user and any other significant person.

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:

During the visit, the inspector observed the service users participate in activities at the centre. There was an activities planner clearly displayed on the notice board, in a format suitable for the client group, identifying different, organised activities throughout the day. Activities on offer catered to the individual needs of the service users, which included arts and crafts materials, computers/tablets, cooking, gardening, woodworking and trips out.

There was also a games room available with activities including pool table, table-tennis, table-football and darts.

The day centre offered flexibility to cater for individual and group activities, with a sufficient number of staff to support their preferences.

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:**

Substantially compliant

Reasons for our decision:

The outside grounds and the inside of the building were well maintained, clean and tidy; however, some of the kitchen units near the sink were in need of repair or replacement. There was also a problem with the supply of hot water to the kitchen sink.

There was a written fire risk assessment and a fire action plan completed and reviewed in December 2019 and fire notices were clearly displayed 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 regularly, usually weekly, and the firefighting equipment visually checked on a monthly basis. Fire drills had been carried out twice since the last inspection; January 2019 and July 2019.

Portable electrical equipment checks were carried out in May 2018 by an external electrical contractor. There was a certificate of electrical conformity, dated February 2017, verifying the viability of electrical installations.

A current and up-to-date public and employer liability insurance certificate was clearly displayed in the entrance to the building.

The legionella risk assessment, completed by an external contractor, was in place which identified the risk rating as high; however, a sample of water taken in April 2019 was recorded as clear. There were systems in place to regulate water temperatures and records of weekly temperature checks were available for inspection.

There was a range of recreational and craft equipment available that was suitable to the service user group. The staff ratios were sufficient and the inspector observed staff members positively encouraging the service users in their chosen activities.

The service was registered with the Department of Environment, Food and Agriculture as a food business. The staff team were up-to-date with food hygiene refresher training.

Two toilets were available to the service users, both accessible by wheelchair. The toilets were clean and hygienic and had suitable hand washing and drying facilities. The amenities were lockable and had an override option on the outside, for emergencies.

The day centre had a minibus, reported to be brand new. Records confirmed that the vehicle had been subject to visual inspections whenever it had been used and there was a procedure for reporting faults. Two staff had completed the minibus Driver Awareness Scheme (MiDAS) and there was adequate insurance for the use of the vehicle.

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

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 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 Complaint

Reasons for our decision:

There were policies and procedures in place to support service users; however, not all policies identified within the Standards were present.

The manager held a Level 5 Diploma in Leadership for Health and Social Care and Young Peoples Services.

One staff member held an NVQ level 3 in Health and social Care and another was working towards the award. There was a training programme in place to further develop knowledge and skills within the team, including refresher training, where applicable.

On a number of occasions since the last inspection, the day centre had supported students, from the local college, with work experience. There was no evidence to indicate they had received relevant training to help them support the day service, or how the day centre had made them aware of current policies and procedures.

Staff recruitment information was held at Autism Initiative’s head office in Ramsey. Registration and Inspections had previously reviewed these records and concluded they conformed to the criteria within the standards. However, there was no supporting evidence from the education provider that students, offered work experience at the day centre, had been subject to the relevant checks identified within standard 7.5.

Discussions with staff members confirmed that they had each received a job description and contract of employment. It was also confirmed that new staff members had received a minimum of three month’ probation period; one-to-one meetings with their line manager were held during the probation period and their written induction programme, once completed, was sent off to the Company’ Learning Development Officer for certification.

Records and discussions with staff members confirmed that they had received regular, one-to-one supervisions with the manager a minimum of four times over the past year, plus one performance appraisal meeting in February 2019.

Duty rotas were not available for inspection. The manager felt that this was unnecessary because of the small number of staff within the team and only working regular hours; however, there were no records of when staff members had taken time off and who had covered shifts in their absence.

Environmental risk assessments were found to be comprehensive and reviewed regularly. Service user risk assessments were developed in consultation with the service user, and any other significant person where necessary, and reviewed on a monthly basis.

The day centre had a policy relating to physical interventions and training records confirmed that staff had attended and received refresher training in Positive Behavioural Support (PBS). Service user’s files also included personal intervention plans, where necessary.

Service user's medication was stored appropriately in a lockable medication cabinet within the office. Staff members had received Autism Initiative's training, 'Handling Medicines' and had also completed on-line training provided by Boots in July 2018. It was explained to the inspector that service users attending the day centre self-medicated and staff based at Nunnery Howe did not administer medication; however, they were expected to administer specific medication if a service user was having a seizure. For staff members to be considered competent at administering medication, they were required to be monitored administering medication on three separate occasions. Records demonstrated that staff had not been observed administering medication.

Staff members supported one service user with handling money. All transactions were recorded and routinely counter-signed by a second member of staff.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements:

Three

Recommendations:

One

**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 which was refreshed every 12 months.

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 and staff members.

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.**

Our Decision:

Compliant

Reasons for our decision:

The service had an up-to-date complaints policy and procedure prominently displayed and accessible to staff, service users and visitors. Service users were provided with an easy-read version within the service-user handbook.

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

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:

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. There had been no complaints, accidents or incidents recorded since the last inspection.

The manager worked alongside the staff team and 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 well organised, up to date and stored securely in a locked cabinet within a locked office. Computer records were password protected.

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: William Kelly

Date: 10/09/2019