



Department of Health and Social Care

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*Rheyynn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Adult Day Care**

Meadow View Day Centre

### **Unannounced Inspection**

11 September 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:**

Meadow View Day Centre

**Tel No:**

(01624) 472037

**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:**

10 October 2019

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

Six

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

Helen Shand (Acting Supervisor)

**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:**

Eleven

**Number met:**

Seven

**Number not met:**

Four

**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 had an opportunity to examine a number of randomly selected service user files. The files demonstrated that assessments of the individual needs of the service users were completed prior to offering a place at the day service. Records showed that family members, and placing social workers, were also consulted in completing the assessments and developing the care plans, using the 'This is me' documentation.

**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:**  
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 in consultation with the service user's family or placing social worker, where necessary.

Care plans were found to be integral to the development of the service user's risk assessments and reviews had been held every six months with the service user and any other significant person. The assessments and care plans were routinely signed by the service user.

**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:**

The day centre offered a large number of activities, allowing for personal choice, with sufficient number of resources and staff available to offer a flexible programme of events, taking individual needs and wishes into consideration.

There was an activity planner clearly displayed, identifying different organised events throughout the week. Copies of the activity planner were also displayed on the table. The activity planner was in a format appropriate to the needs of the service users, including pictograms and large print.

Other activities on offer included: crafts, board games, quizzes, card games, table top games, music, books and other reading materials and T.V.

**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, tidy and of good decorative order. The furniture and fittings throughout the building were found to be appropriate to the activities on offer; positioning of the furniture also 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.

There was a written fire risk assessment and fire action plan available for inspection, last reviewed in February 2019. Fire notices were clearly displayed throughout the building. Discussions with staff members confirmed they were aware of the fire evacuation procedures and records verified that all staff had received fire safety refresher training in May 2019.

Records confirmed that the fire alarm system had been tested weekly and emergency lighting had been checked monthly; however, there were no records demonstrating that the firefighting equipment was being visually checked on a weekly basis. Firefighting equipment had been serviced by an independent contractor in September 2019. Fire drills had been carried out twice since the last inspection; November 2018 and April 2019.

Portable electrical equipment checks were carried out in April 2019 and an electrical conformity /safety certificate confirmed that the building had been inspected on 5 July 2018.

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

A legionella risk assessment was in place; however, this had not been reviewed since March 2018. A sample of water was taken for testing for the Legionella bacteria and a report dated 8 November 2018 recorded it as clear. Weekly water temperature check records were available for inspection; however, the wash hand basin in the kitchen, accessible to the service users, was recorded at 62.0°C.

The service was registered with the Department of Environment, Food and Agriculture as a food business; however, training records confirmed that basic food hygiene training for one member staff was out of date (covered in standard 7.10).

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 two toilets, both accessible by wheelchair. The toilets were clean and hygienic, lockable and had an override option on the outside, for emergencies. The day centre had a manager’s office and general office with adequate room for the staff to store their personal items.

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.

**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:**

Substantially Compliant



**Reasons for our decision:**

Staff members were able to access the Department of Health and Social Care list of policies and procedures.

The inspector did not have access to staff records at the time of the inspection; however, it was confirmed that the manager had attained the Quality Care Framework (QCF) level 5 in leadership for Health and Social Care

Staff members held a suitable Quality Care Framework qualification and there was a training programme in place; however, mandatory refresher training had lapsed in a number of areas for some staff.

Due to the absence of the manager, staff files and pre-employment checks were not available for inspection; although, discussions with staff members verified they had received a minimum of four, one-to-one supervisions in the last year with the manager. They had not received a job description or contract of employment. It was reported that no new staff members had started at the day centre since the last inspection.

The inspector was informed that the day centre had used volunteer workers since the last inspection; however, the inspector did not have access to staff records so could not, therefore, confirm they had been subject to the pre-employment checks or received relevant training to support the day care service.

Minutes of team meetings evidenced these were being held every two months. Any actions identified were clearly assigned. Duty rotas were available for inspection, demonstrating sufficient staff to meet the individual needs of the service users.

Environmental risk assessments were found to be comprehensive but some review dates had lapsed at the time of the inspection. Service user risk assessments were developed in consultation with service user and their family or placing social worker, where necessary.

The service was guided by the Department of Health and Social Care physical intervention policy and procedures; however, in recognising the individual needs of the service users, training in relation to staff managing challenging behaviours was deemed not to be necessary. Records confirmed that there had been no incidents of physical interventions or challenging behaviours since the last inspection.

Service users had full responsibility for their own medication. The day service did not administer any medication and did not have facilities to appropriately store medication for the service users.

Service users paid the centre for their lunches. The recording of these monies were found to be neat and orderly. All figures were balanced on a daily basis and all transactions signed off by staff members. Monies were stored in a locked tin within a locked cabinet and transferred to the bank on a regular basis.

**Evidence Source:**

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

Five

**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:**  
Substantially 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 and a copy was also on display on the notice board.

The service reported to have not had any safeguarding issues since the last inspection. Staff training records established that some staff members had not received any adult protection training or undertaken refresher courses (covered in standard 7.10).

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:**  
One (covered in standard 7.10).

**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.

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 had delivered.

The manager was based at the day centre most of the time and had monitored staff compliance with their role and policies and procedures using direct observation, staff supervision and annual appraisals.

An annual report had been completed which gave details of the day service successes, audit outcomes and had 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.

**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:** 2 October 2019

**Provider's Response**

**From:** Meadow View Day Centre

I / we have read the inspection report for the inspection carried out on **11 September 2019** at the establishment known as **Meadow View 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** H.M.Champion  
**Date** 28.10.19

**Signed Registered Manager** H.M.Champion  
**Date** 28.10.19

