



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**

Greenfield Park

### **Unannounced Inspection**

15 & 18 November 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:**

Greenfield Park

**Tel No:**

01624 698327

**Address:**

Ballamona Farmhouse  
Strang  
Isle of Man

**Name of Manager:**

Marie Spencer

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

None

**Date of previous inspection:**

2 February 2019

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

Marie Spencer & Sara Harper

**Name of Inspector:**

Mandy Quirk

## **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:**

Twenty Five (25)

**Number met:**

Fourteen (14)

**Number not met:**

Eleven (11)

**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:**  
Partially compliant

**Reasons for our decision:**  
Skills and needs assessments were carried out prior to the offer of a place at the day service.

Evidence of involvement of service users, family members or other relevant parties in the completion of pre admission assessments was variable.

Support plans developed were not always linked to the assessment outcomes in the files examined

**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 4**  
**Outcome – Each service user must have an up to date comprehensive care support plan.**

**Our Decision:**  
Partially compliant

**Reasons for our decision:**  
All service users had support plans in place which identified areas of support needed and how this was to be achieved. However some needs identified in the needs assessment were not carried through into support plans.

Involvement of service users, family members or other professionals, in the development of support plans, was evidenced in some, but not all, files viewed. Documents for recording agreement with support plans and other documents, along with any reasons for non-involvement, were available but not always completed.

Risks were found to be considered completion of risk assessments was variable.

Support plans were found to be reviewed annually but did not always evidence service user involvement in the process. Likewise not all were signed by service users or their representative.

Care plans were stored in service user files

**Evidence Source:**

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

Five (5)

**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 varied programme of work related activities available for service users to access, both for leisure and skills development purposes.

All activities were appropriately equipped.

The range of activities available was found to be varied, enjoyable and age appropriate

No contracted services were provided.

Information about activities occurring on the day was presented on a large display board. Service user records contained information about their individual weekly timetables.

**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:**

Compliant

**Reasons for our decision:**

Internally the building was all one level with wide corridors and ample space to support ease of access to and from the building and movement within. Externally the grounds were well maintained.

The premises were clean, bright, and in good order.

Fire safety measures were in place and had been completed as required. Staff members accessed training in fire safety but not all were up to date with refreshers (addressed in standard 7.10).

Valid public liability insurance was in place and on display.

A full electrical installations report (EIR) had been completed

Portable electrical appliance (PAT) testing had been completed

There were measures in place to minimise the risk of scalding and exposure to legionella micro-organisms.

Floor space was clear of equipment which could cause obstruction or trip hazard.

The service was found to be compliant with food hygiene regulations and staff had accessed food safety training but not all were up to date with refresher training (addressed in standard 7.10).

The service was observing food hygiene regulations with regard to checking temperatures of equipment and water, cleaning schedules and so on.

Sufficient, suitable toilets were available for use with hand washing facilities. There was also an accessible toilet and changing facilities, which has been opened up to the wider community as an available resource.

The overall space available was in line with the required standard for the numbers of service users accessing the service.

Bus Vannin who provide transport had systems in place to ensure that all vehicle maintenance, licence checks and required insurance was in place. Vehicles used for service delivery were maintained by Estates. Insurance, vehicle checks and servicing was up to date. Staff driving licences were checked annually

Staff had access to a large office where they could store personal items.

**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 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:**

Partially compliant

**Reasons for our decision:**

There were policies and procedures available in relation to all areas identified in appendix one of the minimum standards.

The manager was qualified to Quality Care framework (QCF) level five.

The inspector was informed that plans are in place to formalise a long term solution to deputising for the manager. At this point the process had not yet been completed. In the interim a protocol has been put in place and placed on display.

There was a training programme in place however not all staff members were up to date with refresher training.

The manager had been involved in the recruitment of the newest staff member, and had access to all required information on the information hub. However not all items were available in the staff file and only two forms of identity were noted on the checklist provided by human resources.

There were two volunteers in the service currently for whom disclosure and barring service (DBS) checks have been completed, alongside a risk assessment and policy information and training as required.

There was a job description and terms and conditions of employment in place for the new starter.

An induction for the new staff member had been started but not yet fully completed, awaiting access to booked places on training courses.

Staff duty rotas were in place and noted issues such as annual leave and sickness. Colour coding highlighted which area of the service staff members were allocated to work on any given day.

Supervision records showed that all staff except one had participated in three or four supervisions with some planned for next month. Those staff who had been absent for some time during the year had undertaken sufficient supervision on a pro rata basis.

The manager found that the existing annual appraisal documentation did not fit with the service being provided. She has developed a more appropriate process which is covered as part of the

supervision process with staff members. The process is still being rolled out and has not yet encompassed all staff members.

A range of internal and external environmental risk assessments had been completed, which sought to minimise any potential risks. These had recently been reviewed and updated.

Staff members administering medication had attended basic medication administration training but not all were up to date with refresher training. Staff members followed a detailed medication policy and competence was assessed annually. Medication was stored in a locked cabinet in the staff office.

Staff members do not handle any service user monies as the daily service fee is invoiced directly to service users. Staff members do however handle money through the social firm charity. This has been audited by finance for guidance only as these monies for the social firm charity. Staff do complete online financial awareness training.

**Evidence Source:**

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

Three (3)

**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 service follows the Isle of Man Safeguarding Adults Policy and Adult Protection Procedures 2018-2020. This provides staff members with all required information.

Safeguarding was found to be covered during the first week of induction for new staff members. This was followed by attendance at adult protection training and subsequently online refresher training. All staff members had completed adult protection training but some staff members were not up to date with refresher training (addressed in standard 7.10).

No safeguarding incidents had occurred within the service but there were systems in place for recording such, should that be required.

There were registers for staff and service user attendance which recorded arrival and departure times daily.

**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:**

There was a complaints policy and procedure on display in the entrance area of the service. It was found to contain all required information.

New service users were given information about how to complain in the statement of purpose when they join the service.

A complaints file had been developed and the record sheet noted all key information. Only one complaint had been made since the last inspection which was dealt with and recorded appropriately.

**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:**

Substantially compliant

**Reasons for our decision:**

There were a range of quality assurance measures in place.

An annual report had been completed which covered the successes of the service. A variety of quality assurance information was included in the report. However, there was a lack of detail to link the development plan for the year ahead to outcomes of quality assurance measures.

The manager worked alongside staff members, so used observations of practice combined with supervision sessions and appraisal to monitor staff compliance with their roles and responsibilities.

All records were held in either the manager's or staff office and stored either in a locked cabinet or online with password protection. There was evidence that staff members were compliant with data protection requirements.

**Evidence Source:**

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

One

**Recommendations:**

None

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

**Requirements**

**Standard: 3.2 & 3.3**

Service user files examined showed that contracts were in place but not all had been fully completed.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**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:** Mandy Quirk

**Date:** 18/11/19

**Provider's Response**

**From:** Greenfield Park

I / we have read the inspection report for the inspection carried out on **15 & 18 November 2019** at the establishment known as **Greenfield Park**, 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** Pascale Despringre  
**Date** 13.12.19

**Signed Registered Manager** M.Spencer  
**Date** 13.12.19