



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

Tall Trees

Unannounced Inspection

3 December 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:

Tall Trees

Tel No:

01624 698341

Address:

Tall Trees Resource Centre
Strang
Braddan
IM4 4TE

Name of Manager:

Rachel Berry/Sara Harper

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

None

Date of previous inspection:

21 & 22 August, 6 September 2018 & 20 March 2019

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

Sixteen (16) in the building & Fourteen (14) in the community

Person in charge at the time of the inspection:

Rachel Berry

Name of Inspector(s):

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:

Fifteen (15)

Number not met:

Ten (10)

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:
Needs assessments were found to be carried out, prior to service users being offered a place at the day service.

There was evidence to show that family members, other professionals and staff were involved in the assessment process. However documentation did not evidence service user involvement or the reason for this not happening.

Information from the assessment was used to inform the development of support plans, but not in all cases.

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:
Substantially compliant

Reasons for our decision:
Service users had support plans and risk assessments in place which were noted to be reviewed annually however, not all person centred planning records were available. Involvement of relatives or other relevant parties was detailed. However service user involvement in their development was not clearly evidenced. The document for recording agreement of all parties with regard to support plans and so on was not always fully completed and did not offer an opportunity to detail any reasons for non-involvement. This was discussed with the manager who made changes to the document subsequent to the inspection.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Three

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:

Substantially Compliant

Reasons for our decision:

Service users were found to access either building or community based activities. Staff spoken to during the inspection explained how the activities provided were of benefit to service users.

The range of activities provided during the inspection appeared to be enjoyable and age appropriate

For community based activities there were contingency plans in place should there be issues with the weather or access to facilities.

There were no contracted services provided.

Information about community based activities was held electronically. Information about activities within the day centre was available in each area of the day service. Individual easy read weekly timetables were found to be in service user files. However there was no programme of activities on display.

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 6**

Outcome – the Environment must be safe, well maintained and remain suitable.

Our Decision:

Compliant

Reasons for our decision:

The day service had recently relocated into a new purpose built property. All areas were very well presented, clean and offered facilities which supported the maintenance and development of people’s independence.

Suitable furnishing and equipment was provided to facilitate access to a variety of activities. In addition to which staff rotas were in place to ensure that appropriate levels of support were available to support service user engagement.

All relevant fire safety measures were in place and up to date.

Valid public liability insurance was in place and on display.

There were measures in place to support the regulation of water temperatures and control of the potential risk of exposure to legionella micro-organisms.

The service was registered with DEFA and was compliant with food safety legislation.

There were no problems identified with regard to the availability and positioning of activity equipment and mobility aids.

There were sufficient toilets and hand sinks available which were accessible to all service users.

Vehicles used by the day service were insured, regularly serviced and maintained by Estates. Driving licences were checked annual and records maintained.

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:

Policies and procedures covering all required areas were in place.

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

For the past nine months there have been two people covering the management of the service, one has been overseeing the transition of the service into the new site; whilst the second has been dealing with the day to day operational aspects of the service. However the second post was temporary to cover the transition and is due to come to an end shortly. Plans are in place for a more long term solution to this issue. In the interim a protocol for deputising in the absence of the manager has been put in place.

There is an identified training programme in place and more than fifty per cent of the workforce has achieved QCF level two or three. Mandatory training courses have been identified however not all staff members were up to date with all mandatory training courses and refreshers.

Staff files examined showed that evidence of all required pre - employment checks had not been provided to the manager. A checklist had been developed but there was no supporting evidence available.

One new staff member had in place a fully completed and signed off induction programme which included regular one to one meetings.

Examination of staff rotas, daily registers and discussion with the manager indicated that staffing levels were sufficient to meet service users' needs.

There was evidence that four supervision sessions were being conducted per year for staff members or pro rata depending on circumstances such as start date or absence from work. However there was no evidence of annual appraisals.

Environmental risk assessments, covering internal and external areas of the day service, had been completed to minimise any potential risks.

Staff members had attended medication administration training but some were overdue refresher training. Medication was stored in a locked cabinet in one of the rooms accessed by service users.

Staff members complete financial awareness training but do not directly handle service users money. Daily service fees get invoiced directly to service users and their families. Service users who are part of the community service are expected to take responsibility for their own money covering fees for accessing activities and purchasing meals.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Three

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 Safeguarding Adults Policy and Adult Protection Procedures 2018-2020 is used to guide and inform staff practice in this area

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 except two staff members had completed adult protection training (addressed in standard 7.10).

One safeguarding incident had occurred within the service. This had been recorded and shared with relevant parties including Registration and Inspection. The matter was investigated and the case closed. Records to support this had been completed and stored in the service user file.

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:

The service complaints policy and procedure was on display in the foyer of the service. It was found to contain all required information.

Service users were given copies of the statement of purpose/service user handbook containing information about how to complain.

There had only been one complaint, which had been appropriately dealt with and recorded in the complaints file.

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 was available, which made reference to a variety of quality assurance measures. However, there was insufficient detail regarding outcomes to clearly demonstrate a link to the development plan for the year ahead.

The manager made use of supervision sessions and observations of practice to monitor staff compliance with their roles and responsibilities as well as service policies and procedures.

Paper records were stored in locked cabinets and computer records had password protection. No concerns were identified with regard to data protection compliance.

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 and Recommendations**Standard: 1.1**

The statement of purpose was still in need of amending

Standard: 3.2

Contracts were available in service user files examined but not all had been completed as required.

Recommendation

Consideration should be given to reducing the number of supervisions and annual appraisals for which the manager has responsibility.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Two

Recommendations:

One

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: 11 December 2019

Provider's Response

From: Tall Trees

I / we have read the inspection report for the inspection carried out on **3 December 2019** at the establishment known as **Tall Trees**, 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 Fams Camara
Date 10/01/2020

Signed Registered Manager Rachel Berry
Date 16/01/2020