



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**

Reayrt Ny Baie  
Douglas Day Centre

### **Unannounced Inspection**

23 January 2020

***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:**

Reayrt Ny Baie (Douglas Day Centre)

**Tel No:**

(01624) 629120

**Name of Manager:**

Supervisor - Donna Carswell

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

None

**Date of previous inspection:**

24 January 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:**

Donna Carswell

**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:**

Two

**Number met:**

Two

**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 inspector had an opportunity to review a number of service user files. The files were well organised and included individual needs assessments that had been carried out prior to a place being offered at the Centre.

All assessments demonstrated that a family member or social worker had supported the service user during the assessment process. The assessments were used to produce appropriate care plans and risk assessments, as necessary, which had been 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 4**  
**Outcome – Each service user must have an up to date comprehensive care support plan.**

**Our Decision:**  
Compliant

**Reasons for our decision:**  
The Centre used the 'This is Me' documentation to establish the individual needs of the service users; identifying such needs as mobility and communication needs, likes and dislikes, etc.

Each service user had comprehensive care plans which were clearly linked to the pre-admission assessments and reviewed on a regular basis. There was sufficient evidence to establish that the service users, and their representatives, were present at review meetings held every six months.

If a service user could not sign their care plans or risk assessments, the reasons were identified and recorded and stored within their 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 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 Centre introduced a programme of activities on a weekly basis. The programme was clearly displayed on the notice board and the inspector observed the support staff discussing the activities with the service users, offering alternatives if they so wished.

The Centre had a full and comprehensive list of activities with sufficient resources available to the service users, which took into account group and individual activities and the varied interests of the service users.

**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 Centre is based on the third floor of a residential home; however, there are two lifts and the Centre is clean and well maintained, with sufficient fixtures and fitting conducive to supporting the independence of the service users.

There was an up-to-date fire risk assessment and sufficient fire notices throughout the centre; however, there was no written fire action plan available at the time of the inspection. Staff members were up-to-date with fire training and aware of the fire evacuation procedures. Records demonstrated that fire drills had been carried out every six months.

Records verified that the fire alarm system was tested weekly and the emergency lighting was tested monthly. Fire-fighting equipment was visually inspected monthly and maintained professionally on an annual basis.

The maintenance and testing of the electrical installations was the responsibility of the residential home; however, records were available to the inspector demonstrating that the electrical installations had been inspected by a professional company within the last two years. Portable electrical equipment checks were carried out in April 2019

A current public and employer liability insurance certificate was clearly displayed on the notice board.

A legionella risk assessment was in place and reviewed in March 2019. The provision of samples of water, to be tested for Legionella bacteria, was the responsibility of the residential home; however, records were available verifying that a sample of water was taken on 26 February 2019 and recorded as clear.

Regular water temperature checks were also the responsibility of the residential home; however, records available for inspection demonstrating that the testing of water temperatures had been carried out weekly. Hot water temperatures taken during the inspection were within the criteria of the standard.

The Centre had a minimum of two staff on at all times and there was a range of appropriate recreational resources available to the service users. The furniture and fittings were appropriate to the activities on offer, which also took into account the mobility and overall needs of the individual service users.

Service users had access to two unisex toilets on the same floor, both were accessible by wheelchair. The toilets were lockable and could be opened from the outside, in emergencies.

Staff within the Centre had been suitably trained in food handling and had received regular refresher training.

Transport for activities arranged outside of the Centre 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 Centre.

The Centre had an office for the staff to store their personal items. The service users had use of the activity cupboard for them to safely store their personal items.

**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 Compliant

**Reasons for our decision:**

All staff at the Centre had access to the Department of Health and Social Care policies and procedures, which met the criteria within the standards.

It was confirmed that the manager of the service has attained the QCF Level 5 in leadership for Health and Social Care; the Supervisor had attained the QCF Level 3 in Health and Social Care. Records evidenced that all staff members had access to a training programme, including refresher training.

No new staff members had started at the Centre since the last inspection; however, a comprehensive staff induction/probation programme was available to new staff at the time of the inspection. The supervisor reported to the inspector that no volunteers had worked at the Centre since the last inspection.

Staff members had job descriptions within their file though, it was reported that staff did not have signed contracts of employment, with terms and conditions of employment, at the time of the inspection. Duty rotas were well organised and up-to-date. It was reported that service user numbers were capped to a maximum of twelve per day, to take into account a long-term shortfall in staffing numbers.

Discussions with the supervisor determined that staff had received a minimum of four, one-to-one supervisions in the last year with the manager, during which, training was also discussed. Team-leader meetings were held every other month and the minutes to these meetings were available for inspection.

All generic risk assessments were found to be comprehensive and reviewed annually and up-to-date. Service user risk assessments were developed in consultation with service user and their family or care staff, where necessary.

A departmental policy regarding challenging behaviour was in place and reviewed regularly; however, the supervisor reported that physical intervention was not used at the Centre.

The Centre did not administer service user medication; however, training records established that all staff had received appropriate training in administering medications.

Records showed that all financial transactions were recorded accurately.

**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 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. All staff members were also advised to liaise with the manager regarding any safeguarding issues, when appropriate.

Staff training records evidenced that all the staff members had access to adult protection training; however, one member of staff required refresher training at the time of the inspection.

There had been no safeguarding concerns or issues raised since the last inspection.

The Centre had maintained a daily register identifying the arrival and departure times of service users and staff.

**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 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 on the notice board which was accessible to staff, service users and visitors. Copies of the complaints procedure were also available to anyone, upon request.

The 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 Centre had a range of quality assurance measures in place providing a method of assessing the quality of the services they had delivered. These included annual questionnaires to the service users and staff questionnaires. The inspector was informed that the Quality Assurance Officer collated the information from the questionnaires.

The supervisor, based at the Centre, used observation to monitor staff compliance with their roles and the policies and procedures. The supervisor also reported that there had been regular one-to-one supervisions, team meetings and senior meetings.

An annual report had been completed which gave details of the audit outcomes and service successes and linked these to the development plan for the year ahead. A copy of the annual report was available on the notice board and available to the service users, upon request.

The service user records were 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:** 10 February 2020

**Provider's Response**

**From:** Reayrt Ny Baie Douglas Day Centre

I / we have read the inspection report for the inspection carried out on **23 January 2020** at the establishment known as **Reayrt Ny Baie Douglas 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** DONNA CARSWELL  
**Date** 09.03.2020.

**Signed Registered Manager** HELEN CHAMPION  
**Date** 09.03.2020