



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**

Ballysleih

### **Announced Inspection**

21 February 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 Registered Service**

**Name of Service:**

Balleysleih

**Telephone No:**

(01624) 672038

**Care Service Number:**

ROCA/P/0212D

**Conditions of Registration:**

The Registered Person must have no more than 21 (twenty one) service users at any one session.

**Registered company name:**

Praxis Care

**Name of Responsible Person:**

Richard Broughton

**Name of Registered Manager:**

Julie Ormond

**Manager Registration number:**

ROCA/M/0176

**Date of latest registration certificate:**

30 December 2019

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

None

**Date of previous inspection:**

6 March 2019

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

Julie Ormond

**Name of Inspector:**

Stephen Buttery

**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:**

9 (nine)

**Number met:**

9 (nine)

**Number not met:**

None

**All requirements not met will be addressed within this inspection report**

<b>Part 4 - Inspection Outcomes, Evidence and Requirements</b>
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<b>Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2- Assessment of need</b>
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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:**

An individual needs assessment was in place for each person attending the service. The assessment process included meetings with other professionals, families and service users, where appropriate. The assessment process was thorough and took place over a six to eight week period and was used to develop support plans.

**Evidence Source:**

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

None

**Recommendations:**

None

<b>Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 4- Service user plan</b>
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Each service user must have an up to date comprehensive care/support plan.

**Our Decision:**

Compliant

**Reasons for our decision:**

Each service user had a comprehensive support plan that included all the facets required. Reviews had been undertaken, with input from the service user, if appropriate, the service user's family and any other professionals who were involved in the service user's care. Risk assessment and risk management plans formed part of the support plans

**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- Activities**

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 weekly plan of activities which was varied. It included outings as well as activities within the centre. The programme was displayed and included words and pictures.

The centre has two main rooms. One of the rooms is used as a quiet/TV area and is furnished with sofas and chairs. This is mainly used by service users for watching movies and karaoke or at other times, by service users who prefer to sit quietly and read, when activities are going on in the other room. Staff were seen to support this.

Most of the table top activities take place in the other room and this was well utilised on the day of inspection, with both service users and staff participating in crafts. This room is also where service users have their lunch. There were sufficient staff to support service users who wished to undertake self-chosen activities. On the day of inspection service users participated in crafts and reading. There was also a shopping trip.

The centre also linked into the local community and a number of outside organisations had provided activities and presentations for the service users. These included the Community Police, United Response (advocacy), Manx Hedgehog Conservation Society and an ice cream van, with the latter of these being the most popular.

**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 - Environment**

The environment must be safe, well maintained and remain suitable

**Our Decision:**

Compliant

**Reasons for our decision:**

The day centre moved premises early in 2020 and the building where the centre is now based is a former hospital ward. It still resembles a hospital ward but it is gradually being transformed. Feedback about these premises was positive. The grounds and the outside of the building were well maintained. The entrance to the day centre is through two sets of unmarked doors with a welcome sign inside the setting.

The building is shared, however, the day centre is self-contained with accessible toilets. The kitchen area is shared, however, service users have no access to this part of the building. The building is all on one level and appeared well maintained and clean.

A fire risk assessment was in place and fire notices were clearly displayed appropriately. All of the staff members had recently received fire evacuation training specific for the building. All testing and maintenance of fire safety systems and firefighting equipment had been carried out, with clear records. A fire drill was carried out on 16 January 2020.

Public and employer liability insurance was displayed appropriately.

Systems to regulate water temperatures and design solutions to control the risk of exposure to legionella were in place. The hot water from taps was tested and was found to be in the required range. There were sufficient accessible toilets that were fitted with locks, which could be overridden from the outside if necessary.

There was a range of recreational and craft equipment available and all appeared to be in good order. There was plenty of room for the appropriate storage of mobility aids and other equipment. The service is registered with the Department of Food and Agriculture as a food business and has recently introduced the provision of hot meals, which were ready packed and frozen. These were bought in from a specialist local wholesaler. The meals were clearly marked on the packaging and were specifically designed to provide the correct amounts of nutritional value. The food was heated in a specially designed trolley to the correct temperature and probed with a thermometer before being served. All of the staff had received training in food handling.

The vehicles and drivers used by the service for transporting the service users are contracted from a local bus company, who as part of the contract carry out all the necessary checks on their personnel and vehicles.

There were sufficient facilities for staff and service users to store their belongings. Some of the service users choose to have their belongings with them while attending the service and others choose to use spare chairs in the entrance area to place their coats.

There is sufficient office space for use by the manager and staff.

**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 – Management and staffing**

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:**

There was evidence that sufficient staff numbers had been sustained and there was more than sufficient staff present on the day of inspection. The manager holds a relevant Level 5 qualification and has many years of suitable experience. The service had a team leader who holds a relevant level 3 qualification. While the service could demonstrate a commitment to have 50% of the care/support staff qualified to diploma 2 or 3, records identified that one member of staff had refused to undertake the Level 3 study. Although another staff member will be commencing the training in March 2020, the other members of staff did not hold a level 2/3 diploma, therefore less than 50% of the staff team held a relevant qualification.

Staff recruitment was managed by a human resources department and the head office on the Isle of Man, who undertook all the necessary pre-employment checks.

A suitable written induction programme was followed which was signed off by the manager or Team Leader and the member of staff. The training matrix showed that all staff were up to date with mandatory training. All staff had undertaken relevant first aid training.

The staff received supervision from the Manager or Team Leader at least once every twelve weeks and team meetings were held monthly. Records of these showed issues raised had actioned.

All risk assessments were in place and had been discussed with any significant others including families and staff from other services, as appropriate and possible.

The staff have received training in personal safety and de-escalation. The service was committed to not using any type of physical intervention.

All of the staff team had received training in the administration of medication, this included specialist training as necessary. The Manager and the Team Leader had been assessed as being suitable to assess the competency of staff administering medication. Monitoring and competency was assessed at least annually. Medication was stored in a locked cupboard in the manager.

All financial transactions were recorded and submitted to the head office for auditing.

**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 8- Safeguarding**

Service users must be safeguarded from abuse.

**Our Decision:**

Compliant

**Reasons for our decision:**

There was a written policy and procedures that included all the necessary information. The manager is designated as the liaison person in respect of any safeguarding issues. A recording system was in place for any safeguarding concerns. All of the staff team had attended safeguarding training.

Attendance registers for service users, staff and visitors were in place and used correctly.

**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**

All complaints must be treated seriously and responded to promptly and effectively.

**Our Decision:**

Compliant

**Reasons for our decision:**

There was a written policy and procedures that included all the necessary information. An easy read complaints policy was clearly displayed within the centre. Service users were not ordinarily given a copy of the policy and procedure, however, the service user handbook contained details about how to raise a complaint and the procedures. There was a satisfactory recording system for complaints and outcomes

**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- Quality and Improvement**

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:**

Formal quality assurance systems were in place. These included gathering staff and service user feedback and an external audit. As part of the contract the service has with the Department of health and Social Care regular quality assurance reports are provided. The annual report was available.

Observations of the staff team and the service users are a daily occurrence as the manager and team leader regularly work alongside the rest of the staff team.

**Evidence Source:**

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

None

**Recommendations:**

None

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

None

**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:** Stephen Buttery

**Date:** 10 March 2020



<b>Provider's Response</b>
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**From:** Praxis Care

I / we have read the inspection report for the inspection carried out on **19 February 2020** at the establishment known as **Ballysleih**, 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**

Richard Broughton

**Date**

23.03.20

**Signed**

**Registered Manager**

Julie Ormond

**Date**

25.03.20