

Regulation of Care Act 2013

Adult Day Care

Crossroads Adult Day Care

Announced Inspection

23 June 2021

The provider did not return their response within the specified time scale and consequently it has been placed on the website without their comments

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Part 1 - Service Information for Registered Service

Name of Service:

Crossroads Day Care

Telephone No:

(01624) 628926

Care Service Number:

ROCA/P/010C

Conditions of Registration:

1. The registered person must not care for more than twenty one (21) service users in the area of the main hall and kitchen area.
2. The registered person must not care for more than seven (7) service users in the area known as the "craft room."
3. The registered person must not care for more than five (5) service users in the area known as the "sun room."

Registered company name:

Crossroads

Name of Responsible Person:

Jackie Betteridge

Name of Registered Manager:

Jayne Sloane

Manager Registration number:

ROCA/M/0041

Date of latest registration certificate:

2/9/17

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

None

Date of previous inspection:

7, 8 & 9 January 2020

Person in charge at the time of the inspection:

Jayne Sloane

Name of Inspector(s):

Sharon Kaighin

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 Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

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:

Fourteen

Number met:

Eight (8)

Number not met:

Six (6)

All requirements not met will be addressed within this inspection report

Purpose of Inspection:

The annual statutory inspection of Crossroads Adult Day Care was undertaken on 23 June 2021.

Type of Service:

The Day Service is located at Masham Court in Douglas. Crossroads Adult Day Care is registered for two projects, the Premium Project which offers day care for older adults and the Social Club which is for younger adults with disabilities.

Inspector activity during the inspection:

During the inspection the inspector had opportunity to view the facilities and observe care of service users. Paperwork was also scrutinised including:

- Documentation relating to service users
- Statement of purpose
- Health and safety documentation

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 1 – Informing and Deciding
Outcome
Prospective users of the day service have all the information needed to help make a decision about using the service.

Our Decision:
Substantially compliant

Reasons for our decision:
The Statement of Purpose was in place for the service. This contained various information relevant to the service, but was still missing some information. The frequency of reviewing care plans stated is to be amended in line with service practice. No service user guide was in place. The inspector was informed that service users can visit the service prior to attending regularly, but there was no evidence logged on client records.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:
Three
One carried over

Recommendations:
None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 – Assessment of Need
Outcome
Each service user must have an up to date assessment of their needs with regard to the service provided.

Our Decision:
Substantially compliant

Reasons for our decision:
Assessments of need were in place for all service user files examined. There was no evidence that that the service user had been involved in the assessment process and reasons why the assessment was not signed. The assessment and the care plan were the same document; the support plan states that "care agreed," but did not include all the areas identified in the initial risk assessments.

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 3 – Contract/Agreement**

Outcome

Each service user must have a contract/agreement detailing the services to be provided.

Our Decision:

Substantially compliant

Reasons for our decision:

An individual written contract/agreement was in place. However all documentation formed part of the service user contract including the Statement of Purpose. It is required that all documentation forming part of the contract documentation is stated as such. There was no information regarding the fees payable. The contract was not signed and dated by the service user and the manager. Contracts seen were in place before the commencement of the service.

Evidence was seen of informing the service users of a change to the service's terms and conditions, this being given at least twenty eight days in advance.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Three; One carried over

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Service User Plan**

Outcome

Each service user must have an up to date comprehensive care support plan.

Our Decision:

Substantially compliant

Reasons for our decision:

Comprehensive support plans were in place for each service user. There was no evidence of any involvement of service users in care support plans. Evidence was seen of a service user plan which gave complex instructions in the event of illness, but conflicting information was unclear. The plans viewed included incorrect information as to the days attending the service. Some information was not included in a care plan after being identified in review documentation. Review dates were recorded on the documentation, but these were not in line with the review timescales in the Statement of Purpose. A requirement has been made regarding this. Access to care plans was available to all relevant individuals.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Two carried over

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 - Environment**

Outcome

The Environment must be safe, well maintained and remain suitable.

Our Decision:

Substantially compliant

Reasons for our decision:

The grounds and the outside of the service were spacious with plenty of parking. The building was single storey with easy access to meet mobility needs. Premises were clean and well maintained on inspection. A written fire risk assessment was in place, but no evidence was seen to evidence that the actions had been addressed. Fire drills had been carried out, and staff confirmed knowledge of procedures to the inspector.

Weekly fire alarm testing had been carried out. Monthly firefighting equipment checks were not in place. Emergency lighting checks had been done monthly. A certificate of fire inspection for fire equipment was in place.

Public liability and Employers' Liability insurances were in place. PAT (Portable Appliance Testing) had been completed. A legionella risk assessment was in place. One sink was recorded at being over the required maximum temperature stated for care services.

Appropriate resources were in place including art and craft equipment. An activity planner was in place. There was plenty of space for service users with mobility needs. There were separate toilets in place for ambulant males and females, together with wheelchair accessible toilets. These were lockable with locks able to be overridden as necessary.

Vehicles used as part of the day care service had been maintained with servicing records seen on inspection. Staff driving licences and insurance had also been verified. Adequate storage space for staff was in place.

The service was registered with DEFA (Department of Environment, Food and Agriculture). Fridge and freezer temperatures were recorded.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Three; One carried over

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Management and Staffing**

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.

7.2, 7.4, 7.5, 7.8, 7.9, 7.10, 7.11, 7.13, 7.14.

Our Decision:

Substantially compliant

Reasons for our decision:

The registered manager was qualified to QCF level 5. Staff had undertaken a planned training programme and had in excess of fifty per cent of staff trained to QCF levels 2/3.

Staff files were seen on inspection. Recruitment documentation evidenced that a member of staff had been recruited and was in post prior to a second reference being in place. A requirement has been made concerning this.

New staff were employed under a six month probation period with a written induction programme in place including shadowing an employee. Staff feedback confirmed that induction was thorough and informative. Duty rotas were in place and had been risk assessed according to service user need. Training records were seen which evidenced that all training was up to date. Supervisions and appraisals had been carried out, with supervision notes seen of both new and established members of staff.

Medication training had been undertaken by all staff. Medication records were in place; one entry was missing on the signing out sheet. Annual competency assessments had been undertaken. A cash book was seen on inspection detailing monies held on behalf of service users.

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 - Safeguarding**

Outcome

Service users must be safeguarded from abuse.

8.1, 8.2, 8.3, 8.4, 8.6.

Our Decision:

Compliant

Reasons for our decision:

Written procedures were in place in relation to safeguarding, together with Isle of Man procedures. The service manager was the safeguarding contact. The induction programme including safeguarding which was refreshed every three years. Evidence was seen of safeguarding procedures being followed. A daily attendance register was in place.

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 10 – Policies and Procedures
 Outcome
 The service must have systems in place to assess the quality of the service and makes provision to improvement and development.

Our Decision:

Compliant

Reasons for our decision:

The policies and procedures required were all in place, and had been reviewed appropriately. They were available for access by staff and service users as required.

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.

Standard 1.1

All required information in the Statement of Purpose to be in place.

Carried over

Partially met

Timescale: Immediate

Standard 3.1

The assessment document designated by the services to also be the service user contract must be labelled as such and include the following the period of notice required to terminate the contract/agreement.

Carried over

Partially met

Timescale: Immediate

Standard 4.4

Service user plan review dates to be in line with service documentation.

Timescale: Immediate

Not met

Carried over

Timescale: Immediate

Standard 4.5

Support plans must be signed by service users and if not, the reason to be noted.

Timescale: Immediate

Not met

Carried over

Timescale: Immediate

Standard 6.10

Water temperatures are required to be within stated limits.

Carried over

Not met

Timescale: Immediate

Standard 7.11

Environmental risk assessments must be amended to include the car park.

Carried over

Not met

Timescale: Immediate

Standard 11.2

The annual report for the service must include outcomes from quality assurance measures and link to the development plan for the year ahead.

Timescale: Immediate

Regulation 10

A number of events had occurred at the service which had not been notified to the Registration and Inspection Team.

Timescale: Immediate

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 Team.

Inspector: Sharon Kaighin

Date: 21 July 2021

Provider's Response

From: Crossroads Adult Day Care

I / we have read the inspection report for the inspection carried out on 23 June 2021 at the establishment known as Crossroads Adult Day Care, 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
Date

Signed
Registered Manager
Date