
Inspection Report
Regulation of Care Act 2013
Adult Care Homes

Unannounced Inspection

Anfield Manor

Completed on 27 May 2016 & 1 June 2016

09.00 – 15.25 & 12.35 – 15.55

*Registration and Inspection Unit 3rd Floor,
Murray House, Mount Havelock
Douglas, Isle of Man, IM1 2SF*

Contents

Completing and returning your report

To complete your report form, enter text by clicking on the box see the instructions below.

Use the tab key to move to the next box.

1. Provider's action plan
 - a. Add details of your actions to complete the requirements/recommendations (if applicable)



2. Provider's comments/response
 - a. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
 - b. State any factual inaccuracies found, add comments (if applicable)
 - c. Sign (type name when returning electronically) and date
3. Return your report to randi@gov.im within 4 weeks
4. Do not use any other method e.g. links to Cloud or other file sharing services

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Summary of Inspection Outcomes

Areas of good practice
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 Areas for improvement
 Demeanour of and feedback from service users

Part 4: Inspection Outcomes and Evidence and Requirements

For this inspection the Unit has decided to inspect the following key groups of standards, taking account of the outcomes of inquiries into Winterbourne View and Mid-Staffordshire NHS Trust and given our knowledge and experience of services currently inspected on the Isle of Man:

Standard 2 - Daily Living
 Standard 7 - Management, Quality and Improvement

In addition the following areas will be considered in each inspection:

Statement of Purpose
Complaints
Safeguarding
Health and Safety (specifically fire safety, electrical installations, central heating and boiler maintenance)
Accidents and Incidents
Public Liability Insurance
Staff Rotas
Dependency Assessments

Part 5: Previous Requirements and Recommendations

Compliance with requirements and good practice recommendations from previous inspections

Requirements and good practice recommendations identified from this Inspection.

Part 6: Provider's comment / response

Service Information**Name of Service**

Anfield Manor Residential Care Home

Tel No: (01624) 624147**Registration number ROCA/P/0129A****Address**

46 – 48 Victoria Road
Douglas
Isle of Man
IM2 4HQ

Conditions of Registration

The number of persons for whom care and accommodation is provided at any one time shall not exceed 31 (thirty one).

Brief Description of Service and Services Provided

Anfield Manor is a large domestic type building that has been adapted to provide accommodation for up to 31 people who require residential care. Adaptations to support independence have been fitted and include a passenger lift, raised toilet seat, grab rails, two bath hoists and a shower room.

Located in a residential area the home has a community presence and is close to local amenities.

All bedrooms are en-suite, some containing a bath, toilet and sink and others containing a toilet and sink. Bedrooms are mainly single; however two rooms are double rooms. A number of communal areas are available including two comfortable lounges and a large dining room.

A large garden is available for residents to enjoy and a terrace and patio area has been built providing residents with a safe place to enjoy the garden. A ramp and hand rail means that residents with restricted mobility are able to access the garden.

Establishment/Agency Information**Email Address:**

anfieldmanor@aol.com

Name of Registered Manager

Arnold Fantilanan (Not registered - application is currently being processed)

Type of Establishment

Adult Care Home

Date of latest registration certificate

23/01/14

Assessed risk level of service**Pre-inspection:** Medium Risk**Post-inspection:** Medium Risk

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

None

Date of previous inspection

21 & 24 August 2015

No of individuals using the service at the time of the inspection

Twenty seven (27)

Person in charge at the time of the inspection

Arnold Fantilanan - manager

Name of Inspector

Kevin West

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.

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.

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.

Summary of Inspection

This is an overview of what the inspector found at the time of the inspection.

The purpose of this inspection was to:

- Check the service's levels of compliance with standards and regulations as set out in Part 2.

The first day of the inspection was unannounced with the second visit by arrangement. The inspector was assisted on both visits by the manager and the responsible person of the service. Both were very welcoming and helpful. A tour of the home was conducted. Four staff members were spoken to on the inspection and four staff completed questionnaires which were returned to the inspector. Four family member, carer, friend questionnaires were also completed. The following comment was made:

- "As far as we can see our friend is well cared for".

Four health care professionals involved with the home were emailed questionnaires and one was returned. The responses in this questionnaire were positive.

Areas of good practice:

- The home was clean and hygienic on the day of the inspection.
- The responsible person spoke about a concept called "lazy lunches" where she sat with the residents at mealtimes and encouraged them to sit and chat.
- Feedback about the meals served was very positive.
- Staff were being enrolled on QCF training.
- Complaints were comprehensively recorded.
- Staff had not seen any practice that had caused them any concern.

Quality improvements subsequent to the previous inspection:

- The home was now using a more detailed pre-admission document
- Staff members were having their medication competency assessed
- Resident dependency assessments were being completed and individual levels of need were identified
- A compatibility assessment now formed part of the home's pre-admission assessment
- A minimum of three accessible activity sessions were being provided per week
- Detailed records were kept on any potential safeguarding issues
- Staff were provided with training on safeguarding within six months of being appointed
- Fire alarm testing / fire extinguisher checks / fire drills were now being carried out at the required frequency
- Portable Electric Appliance Tests (PAT) had been carried out throughout the building

Areas for Improvement:

Requirements had been made in relation to:

- Resident care plans
- The home's annual report
- Bath and shower temperature recording
- Building repairs / maintenance / locks fitting to bathroom and toilets
- Policies and procedures
- Staff training
- The legibility of paperwork
- Updating documents
- Staff supervisions and appraisals

Demeanour of and feedback from residents.

The inspector spoke to five residents on the inspection. All spoke positively about living at Anfield Manor and confirmed that they felt comfortable in the home. The residents in general looked well in terms of their appearance. Questionnaires were left for residents, not seen by the inspector to complete and four were returned. One resident commented:

- "I am happy with my stay here".

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 - Daily Living

OUTCOME:

Daily Living - People are supported to set and carry out their activities and routines in suitable surroundings. The environment is conducive to people's well-being and safety. People live in a home that is safe, warm clean and comfortable. People have access to the aids, equipment and facilities they need.

Our decision:

Partially compliant

Reasons for our decision

A tour of the home was conducted with the manager. It was pleasing to note that there had been a considerable improvement in the environment throughout the home since the previous inspection. Stained carpets had been replaced and flaking paint on door frames and bannisters had been painted. Waste bins had been emptied. Some areas still required attention. A crack on the wall and torn wallpaper was evident in the lounge. Small holes were visible on the ground floor toilet wall. Ripped wallpaper was located behind the bed in a resident's bedroom on the second floor.

On the day of the inspection, the home was found to be clean and hygienic and free from odours.

The manager said that the one resident in the home that had early stage dementia would not currently benefit from any special consideration in terms of décor, furnishings or equipment.

Residents confirmed to the inspector that they were supported to personalise their rooms with their own possessions when they moved in.

Bedroom doors were lockable and had a lock that could be overridden from the outside of the room in an emergency situation.

Residents were able to control the ventilation, lighting and heating in their own rooms.

All of the bedrooms had a minimum floor space of over 10.25 square metres.

The lounge area was attractively decorated and provided a comfortable space for residents to spend time in to relax or socialise.

The inspector was informed that the dining room had a capacity for twenty four residents, with fourteen residents currently choosing to eat their meals there. A lift enabled residents to access the dining room. The dining room was bright and pleasantly decorated. Residents and staff confirmed to the inspector that mealtimes were a pleasant dining experience. The residents spoken to on the inspection confirmed to the inspector that they enjoyed the meals served in the home. Some comments made were:

- "The food is lovely. You get a choice".
- "The meals are fine".
- "The food is very good and there are always alternatives".

Family member / friend feedback as well as staff member feedback was positive regarding the food served. Some comments made were:

- "The food has improved. It is now based on individual likes and dislikes".
- "Residents are asked their opinions on the food served".
- "The residents enjoy the food and can choose something else if they dislike what's

served”.

A four week rolling menu was displayed on the wall in the dining room. The meals on offer appeared nutritious.

The responsible person spoke about a concept called “lazy lunches” where she sat with the residents at mealtimes and encouraged them to sit and chat.

Resident and staff feedback confirmed that drinks and snacks were available through the day and evening. A sign in the dining room said “snacks are available day and night. Please ask if you would like anything”.

All of the residents’ bedrooms had a toilet and sink en-suite. Sufficient bathrooms were provided throughout the home. Several bathrooms and toilets required a lock fitting which could be overridden from the outside.

Aids and equipment were provided to meet the needs of the people in the home. These included:

- Call bell system
- Raised toilet seats
- Hoists
- Passenger lifts
- Profile beds
- Pressure relieving mattresses
- Pressure relieving cushions

Several residents had their own mobile phone to use while the home had a wireless phone available for use.

The gardens of the home were in the process of being tendered to on the inspection. The garden area was accessible via the lower ground floor dining room, with steps leading to the outside. The manager said that a ramp was available for residents in wheelchairs to use. Some residents told the inspector that the steps did prevent them from going outside, even though a ramp was available.

The personal care section in residents’ care notes documented how often an individual wanted to have a bath or shower. Resident feedback confirmed that they could get up and go to bed when they wanted to, but this information could not be seen in individual care records. This should be recorded, along with where and when a resident would like to eat their meal.

Books, newspapers and magazines were provided for the residents. Several residents were observed on the inspection reading newspapers in the lounge. A monthly activities board was situated by the front door of the home. This displayed the newsletter for the month which listed the activities on offer as well as the date. Previous newsletters / programme of events showed that as a minimum, three activity sessions were provided per week. Activities on offer included:

- Bingo
- Toby the pat dog coming into the home
- Quiz
- Chair exercises
- Balloon volley ball
- Let’s read the papers together

Resident care records contained a section where social activities were recorded. The residents spoken to on the inspection said that enough activities were on offer, with several saying that they preferred to spend time in their room doing things like watching TV and reading books.

Other residents listed the type of activities that they joined in with. These included scrabble, dominoes and jigsaws.

The majority of resident feedback confirmed that they did not want to carry out any domestic tasks. One resident spoken to on the inspection said that she liked to help out in the dining room at mealtimes. This should be recorded in their plan of care so that this can be supported and encouraged by staff.

The manager said that residents' rights as citizens were promoted, for example, literature was available for residents wishing to vote.

Requirements

Regulation 9 (Standard 2.1)

The registered person should ensure that the home is kept in a good state of repair.

Timescale: November 2015

Part Met

Carried over

27/5/16 & 1/6/16

Timescale: August 2016

Regulation 9 (Standard 2.6)

All communal toilet and bathroom doors should be fitted with locks that can be overridden in an emergency situation.

Timescale: August 2016

Regulation 9 (Standard 2.10)

Resident daily living routines should be recorded, including:

- Getting up and going to bed times
- Where and when they would like to eat their meals

Timescale: September 2016

Regulation 9 (Standard 2.15)

The manager should ensure that any resident who is able to do light tasks is encouraged to participate and to be recorded in their plan of care.

Timescale: November 2015

Not Met

Carried over

27/5/16 & 1/6/16

Timescale: September 2016

Provider's action plan

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**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 - Management and Quality Improvement**

OUTCOME:

People have confidence that the systems in place support at the home the smooth running of the home. The registered manager is qualified and competent to manage the home. People are consulted about how the home is run and their opinions are taken into account. The home has an annual development plan that makes provision for the home to develop and improve.

Our decision:

Partially compliant

Reasons for our decision

The manager was in the process of applying to be the registered manager of Anfield Manor with the Registration and Inspection Unit. The manager was also undertaking a QCF Level 5 in Leadership for Health and Social Care.

The home had eight Senior Healthcare Assistants (SHCA's). Three SHCA's were studying for a QCF level 3 certificate, while four already held an NVQ qualification.

Ten Healthcare Assistants (HCA's) were employed and four were studying for a QCF qualification.

The inspector was informed that the home was being proactive in registering staff on QCF training via a Government scheme.

The home's policy and procedure file was examined. Several policies were not in place. The policies and procedures required were:

- Care planning and reviews
- Quality assurance
- Nutrition
- Physical intervention and restraint / challenging behaviour
- Use of mobile phones and camera phones at work

The existing policies and procedures all contained a review date and when the document should be next reviewed. The responsible person for the home informed the inspector that the policies and procedures were being reviewed again. This was because they believed that several were too long and not well written.

Two house / residents' meetings had taken place since the previous inspection. Records were kept of these meetings and the decisions made. Meals and menu reviews formed part of these meetings.

A suggestion box was situated by the front door of the home for visitors to give their opinions on how the home was run.

The home had completed a Quality Assurance Annual Report for 2015. Residents were given a questionnaire to complete so that their views formed part of the report. Fourteen residents responded. Relatives / carers, staff members and outside agencies were also asked to complete a questionnaire as part of this process. An achievement plan for 2016 formed part of this report. The achievement / improvement plan should include the numbers and types of complaints received as well as the accident and incident reports.

The home should ensure that it has in place systems to check and monitor staff activity to ensure compliance with policies and procedures. Team meetings were taking place and medication competency assessments had been completed on the staff who administered medication. One to one staff supervisions were not taking place, and these should occur at least every two months. Annual staff appraisals had also not taken place.

The home's paper care records were examined. These documents had been kept up to date, but due to the handwriting of some staff, the inspector sometimes found it difficult to read what had been written. All records should be legible.

A written policy should be displayed in the home, informing residents of their rights to access their files and records at any time. The home did not have this information displayed. When the inspector came back to Anfield Manor to complete the inspection, the home had made some progress in drawing up a document to be displayed.

Storage of data in the written format was found to be in line with the requirements of the Data Protection Act 2002.

The responsible person for Anfield Manor had daily input with the home and worked closely with the manager regarding all aspects of service delivery.

Provision was made for residents to store small personal belongings. A lockable drawer in the office stored money and other valuables for residents, with a written record maintained of all transactions. The manager said that a lockable facility – such as a lockable chest of drawers- could be provided in residents' rooms.

A management of service user's money and financial affairs policy and procedure guided staff in following proper practice. Residents were supported to access benefits and the manager said that he was the signatory for some resident's benefits.

An accident record file stored the records of any resident accidents that had taken place. A notification file recorded all the accidents that warranted a notification sending to the Registration and Inspection Unit, e.g. hospital admission.

Requirements

Regulation 9 (Standard 7.3)

The home should produce policies and procedures on the following:

- Care planning and reviews
- Quality assurance
- Nutrition
- Physical intervention and restraint / challenging behaviour
- Use of mobile phones and camera phones at work

Timescale: September 2016

Regulation 9 (Standard 7.8)

The achievement / improvement plan in the Quality Assurance Annual Report should include:

- The numbers and types of complaints received and any learning resulting from this
- Accident and incident reports

Timescale: November 2016

Regulation 9 (Standard 6.6)

Formal 1-1 staff supervisions should take place at least every two months.

Timescale: Immediate

Regulation 9 (Standard 6.11)

All staff should have an annual appraisal of their performance.

Timescale: December 2016

Regulation 9 (Standard 7.10)

All paperwork, records and documents should be legible.

Timescale: Immediate

Regulation 9 (Standard 7.11)

A written policy should be displayed in the home, informing residents of their rights to access their files and records at any time.

Timescale: Immediate

Provider's action plan

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ANY OTHER AREAS EXAMINED

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1.1 Statement of Purpose
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Our decision

Substantially compliant

Reasons for our decision

The statement of purpose had been revised to include the name of the home's new manager. This document should be further amended to reflect the home's current responsible person. The information in the statement of purpose included the information set out in Schedule 3 of the Registration Regulations.

The home also had an Anfield Manor Residents Guide. This had not been reviewed since February 2014 and should be reviewed to ensure that all of the contents are current.

Copies of both the statement of purpose and residents guide were available by the front door of the home.

Requirements

Regulation 9 (Standard 1.1)

The statement of purpose and residents guide should be updated.

Timescale: Immediate

Provider's action plan

[Click here to enter text.](#)

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 4.8 4.9 - Complaints
<p>Our decision</p> <p>Compliant</p>
<p>Reasons for our decision</p> <p>The complaints procedure was displayed in the home and was accessible. The complaints policy included:</p> <ul style="list-style-type: none"> • Assurance to people that there will be no retribution for making a complaint • Who the complaint may be referred to if they are not satisfied with the outcome • Names of independent people who can support a person making the complaint <p>The home's complaint book was examined. Since the previous inspection, ten complaints had been recorded. These were examined and each complaint had been written up in detail, including the outcome of each complaint. Complaints had been investigated within the required timescale of twenty eight days.</p>
<p>Requirements and recommendations</p> <p>None</p>
<p>Provider's action plan</p> <p>Not applicable</p>

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 4.1 - 4.4 Safeguarding
<p>Our decision</p> <p>Compliant</p>
<p>Reason for our decision</p> <p>The home had policies and procedures concerned with the safety of the premises and environment, including:</p> <ul style="list-style-type: none"> • Health and safety • Risk management • Waste management cleaning • Hot water safety <p>Risk assessments on the environment had been completed on 25/11/15.</p> <p>A safeguarding service users from abuse policy and procedure gave a process for staff to follow if they received an allegation or suspected that abuse was occurring. A copy of the Inter Agency Adult Protection Policy and Procedures 2013-2015 was also kept in the home. A whistle-blowing policy was available to guide staff.</p> <p>Any potential safeguarding issues were recorded and kept in a separate safeguarding folder.</p> <p>Safeguarding training was undertaken by staff within six months of being appointed. The home's induction format evidenced that the safeguarding process was explained to a new starter within their first week of employment. Staff feedback confirmed that they were aware of the types of abuse and had not seen any staff practice that had caused them concern.</p>
<p>Requirements and recommendations</p> <p>None</p>
<p>Provider's action plan</p> <p>Not applicable</p>

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 4.10 , 4.16, 4.17, 4.18, 4.19 Health and Safety
<p>Our decision</p> <p>Substantially compliant</p>
<p>Reasons for our decision</p> <p>The home had a written fire risk assessment completed by a fire safety consultant. This had been reviewed on 12/1/16.</p> <p>Staff had received training on fire safety.</p> <p>Records confirmed that weekly alarm tests were being carried out, as well as monthly checking of the fire-fighting equipment and emergency lighting. The fire appliances had received a yearly check from an outside contractor on 17/8/15.</p> <p>Fire drills had taken place on 12/8/15 and 7/1/16.</p> <p>A fire detection and alarm system inspection and servicing report had been completed on 24/1/15. This should be completed yearly. A certificate from 22/1/16 was subsequently sent to the inspector for scrutiny.</p> <p>An emergency lighting periodic inspection and testing certificate was examined from 24/1/15. This should be completed yearly.</p> <p>Following a visit to the home by the Department of Health and Social Care Fire Officer in 2015, a recommendation was made on the previous inspection for the removal of the manual digi locks from all escape routes and to be replaced with an automatic system that defaults to open on operation of the fire alarm. The manager said that an automatic system had been put in place for the main front door but not for the other escape routes in the home.</p> <p>An electrical installation condition report had been completed on 22/8/12. This should be completed every five years.</p> <p>Portable Electrical Appliance Tests (PAT) on the whole building had been completed on 18/9/15. Resident's electrical items were checked for safety as part of the admission process into the home.</p> <p>A legionella certificate from 26/2/16 confirmed the control of exposure to legionella micro-organisms in the water system.</p> <p>Thermometers were kept in each bathroom for staff to record the water temperatures prior to assisting residents with a bath / shower. There were some gaps in the staff recording. Temperatures should be recorded each time a resident is assisted.</p> <p>An oil servicing and commissioning report had been produced on 31/8/15, as well as a gas safety inspection on the same date.</p> <p>A certificate of employer's liability insurance was displayed and was due to expire on 30/10/16.</p>
<p>Requirements</p>

Regulation 22 (2)

- Fire detection and alarm system inspection and servicing should be completed yearly.

Timescale: A certificate from 22/1/16 was subsequently sent to the inspector for scrutiny.

- Emergency lighting periodic inspection and testing should be completed yearly.

Timescale: Immediate

Regulation 22 (2)

Bath and shower water temperatures should be checked using a thermometer and recorded, prior to a resident bathing / showering.

Not Met

Carried over

11 February 2015

Not Met

Carried over

21 & 24 August 2015

Timescale: Immediate

Not Met

Carried over

27/5/16 & 1/6/16

Timescale: Immediate

Provider's action plan

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Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 6.18 6.19 Staffing
<p>Our decision</p> <p>Compliant</p>
<p>Reasons for our decision</p> <p>On the first day of the inspection, twenty six residents were accommodated in the home. Four staff were on duty from 08.00 – 14.00 and four staff on duty from 14.00 – 20.00. Two staff were then on duty through the night. Staffing levels were determined through monthly dependency assessments of residents' needs. Dependency profiles showed the residents who were deemed to be low / medium / high / total dependency.</p> <p>Family member, carer, friend feedback was mixed regarding staffing levels in the home. When asked if they believed that the home had enough staff on duty to meet the needs of the residents, the answers were:</p> <ul style="list-style-type: none"> • "Yes". • "No". • "Most of the time there are enough staff but not on some occasions". • "It varies – weekends seem low". <p>Rotas clearly showed who was in charge on each shift.</p>
<p>Requirements and recommendations</p> <p>None</p>
<p>Provider's action plan</p> <p>Not applicable</p>

<p>Other areas identified during this inspection</p> <p>Requirement</p> <p>Regulation 9 (Standard 6.7)</p> <p>Staff should receive training on the following:</p> <ul style="list-style-type: none"> • Challenging behaviour / physical intervention • Communication • Nutrition • Food hygiene • First aid • Person centred care <p>Timescale: November 2016</p> <p>Previous requirements which have not been met</p> <p>Regulation 13 (Standard 3.3)</p> <p>Care plans must contain</p> <ul style="list-style-type: none"> • Sufficient, detailed information regarding how residents' health, medical conditions and personal needs will be met. The plan should instruct the reader how to support / maintain / improve the person's medical condition. <p>Not Met</p> <p>Carried Over</p>

9 September 2013

Carried Over

8 & 9 May 2014

Timescale: July 2014

Not Met

Carried over

11 February 2015

Not Met

Carried over

21 & 24 August 2015

Timescale: November 2015

Not Met

Carried over

27/5/16 & 1/6/16

Timescale: October 2016

Regulation 9 (Standard 3.1)

The home should evidence that the resident or their representative has been consulted / contributed to the care plan.

Not Met

Carried over

11 February 2015

Not Met

Carried over

21 & 24 August 2015

Timescale: Immediate

Not Met

Carried over

27/5/16 & 1/6/16

Timescale: October 2016

Regulation 9 (Standard 3.8)

Care plans should include

- Personal goals and aims and detail the support required to meet those personal aims.
- Detailed information on a resident's social, cultural and emotional well-being.

Not Met

Carried over

11 February 2015

Not Met

Carried over

21 & 24 August 2015

Timescale: November 2015

Not Met

Carried over

27/5/16 & 1/6/16

Timescale: October 2016

Regulation 9 (Standard 3.12)

Care plans should include:

- Resident's leisure interests and hobbies and instruction given as to how these should be maintained and encouraged.

Not Met

Carried over

11 February 2015

Not Met

Carried over

21 & 24 August 2015

Timescale: November 2015

Not Met

Carried over

27/5/16 & 1/6/16

Timescale: October 2016

Regulation 9 (Standard 1.3)

A staged admissions process should be developed and made available for the person being accommodated.

Timescale: November 2015

Not met

Carried over

27/5/16 & 1/6/16

Timescale: September 2016

Provider's action plan

[Click here to enter text.](#)

Requirements from previous inspection
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Identified below are requirements made at previous inspections under Regulation of Care Act 2013 and progress to date:

No	Regulation/ Standards	Requirement/date for compliance	Met/ not met
1.	Regulation 13 (Standard 3.3)	<p>Care plans must contain</p> <ul style="list-style-type: none"> Sufficient, detailed information regarding how residents' health, medical conditions and personal needs will be met. The plan should instruct the reader how to support / maintain / improve the person's medical condition. <p>Not Met Carried Over 9 September 2013 Carried Over 8 & 9 May 2014 Timescale: July 2014 Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: November 2015</p>	Not met
2.	Regulation 9 (Standard 1.2)	<p>The home's assessment of needs taken during admission should contain more detailed and comprehensive information.</p> <p>Timescale: Immediate Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: Immediate</p>	Met
3.	Regulation 9 (Standard 3.1)	<p>The home should evidence that the resident or their representative has been consulted / contributed to the care plan.</p> <p>Timescale: November 2014 Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: Immediate</p>	Not met
4.	Regulation 9 (Standard	<p>Care plans should include</p> <ul style="list-style-type: none"> Personal goals and aims and detail the 	Not met

	3.8)	<p>support required to meet those personal aims.</p> <ul style="list-style-type: none"> Detailed information on a resident's social, cultural and emotional well-being. <p>Timescale: November 2014 Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: November 2015</p>	
5.	Regulation 9 (Standard 3.12)	<p>Care plans should include:</p> <ul style="list-style-type: none"> Resident's leisure interests and hobbies and instruction given as to how these should be maintained and encouraged. <p>Timescale: November 2014 Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: November 2015</p>	Not met
6.	Regulation 9 (Standard 3.19)	<p>The manager should ensure that staff members have an annual review of their knowledge, skills and competencies relating to handling and administering medication.</p> <p>Timescale: November 2014 Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: October 2015</p>	Met
7.	Regulation 9 (Standard 7.8)	<p>An annual report lists the success of the service and introduces a written development / improvement plan based on the outcomes of the quality assessment exercise. The plan is then displayed and available to all.</p> <p>Timescale: January 2015 Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: January 2016</p>	Met
8.	Regulation 22 (2)	<p>Bath and shower water temperatures should be checked using a thermometer and recorded, prior to a resident bathing / showering.</p> <p>Timescale: Immediate</p>	Not met

		<p>Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: Immediate</p>	
9.	Regulation 9 (Standard 6.18)	<p>Regular written dependency assessments of resident's needs should be completed. The home should clearly record the dependency levels of each resident. Timescale: Monthly Not Met Carried over 11 February 2015 Not Met Carried over 21 & 24 August 2015 Timescale: Monthly</p>	Met
10.	Regulation 9 (Standard 1.2)	<p>A compatibility assessment should form part of the home's pre-admission assessment. Timescale: November 2015</p>	Met
11.	Regulation 9 (Standard 1.3)	<p>A staged admissions process should be developed and made available for the person being accommodated. Timescale: November 2015</p>	Not met
12.	Regulation 9 (Standard 2.14)	<p>A minimum of three accessible and stimulating activity sessions per week are contained in the home's activity programme. Timescale: Immediate</p>	Met
13.	Regulation 9 (Standard 2.15)	<p>The manager should ensure that any resident who is able to do light tasks is encouraged to participate. Timescale: November 2015</p>	Not met
14.	Regulation 9 (Standard 4.3)	<p>Detailed records should be made and retained on issues raised around safeguarding. Timescale: Immediate</p>	Met
15.	Regulation 9 (Standard 4.4)	<ul style="list-style-type: none"> • Mandatory safeguarding training should be undertaken within 6 months of appointment for all new staff. • Within one week of the start date, the registered person reviews and explains the safeguarding process to a new employee. <p>Timescale: Immediate</p>	Met
16.	Regulation 9 (Standard 2.1)	<p>The registered person should ensure that the home is kept in a good state of repair and is clean and hygienic. Timescale: November 2015</p>	Part met
17.	Regulation 9 (Standard 4.10)	<p>Fire safety records should show that the following are carried out:</p> <ul style="list-style-type: none"> • Weekly fire alarm testing • Monthly fire extinguisher checks 	Met

		<ul style="list-style-type: none"> • Monthly emergency lighting checks • Twice yearly fire drills <p>Timescale: Immediate</p>	
18.	Regulation 9 (Standard 4.16)	<ul style="list-style-type: none"> • Portable Electrical Appliance Tests (PAT) for the whole building should be carried out regularly to ensure their safety. • PAT checks for appliances brought into the home by residents / family members should be recorded. <p>Timescale: November 2015</p>	Met

Good practice recommendations from previous inspection

Identified below are recommendations made at previous inspections under Regulation of Care Act 2013 and progress to date:

No	Recommendations	Met/not met
1.	The removal of the manual digi locks from all escape routes and to be replaced with an automatic system that defaults to open on operation of the fire alarm - recommendation made by the Department of Health and Social Care Fire Officer.	Met

Please complete the provider action plan sections beneath each requirements and recommendations providing details of action taken (or to be taken) with timescale for each.

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 please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Kevin West

Date: 27/6/16

Provider's comments/response

To: The Registration and Inspection Unit, 3rd Floor, Murray House, Mount Havelock, Douglas IM1 2SF

From: Anfield Manor

I / we have read the inspection report for the unannounced inspection carried out on **27 May 2016 & 1 June 2016** at the establishment known as **Anfield Manor**, and 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).

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from the receiving the 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)

ALL REQUIREMENTS AND RECOMMENDATIONS HAVE BEEN MET – September 2016

**Signed
Manager**

Click here to enter text.

Print name

Click here to enter text.

Date

Click here to enter text.

Signed

Click here to enter text.

Print name

Click here to enter text.

Date

Click here to enter text.

Action plan/provider's response noted and approved by Inspector:

Date: Signature/initials