

Inspection Report

22 March 2022



Manor Healthcare

Type of service: Domiciliary Care Agency

Address: The Annex, 928 Antrim Road, Templepatrick, BT39 0AT

Telephone number: 028 9454 8343

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Manor Healthcare Ltd	Registered Manager: Ms Lauren McFerran
Responsible Individual: Mr Eoghain King	Date registered: 6 November 2019
Person in charge at the time of inspection: Ms Lauren McFerran	
Brief description of the accommodation/how the service operates: Manor Healthcare is a domiciliary care agency of a support living type which provides care and support to adult with a learning disability. The care and support provided to service users includes helping them with tasks of everyday living, emotional support, housing support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. A team of 44 staff provide care, 24 hours a day, to eight service users living in three houses in the Templepatrick area.	

2.0 Inspection summary

An unannounced inspection was undertaken on 22 March 2022 between 11.00 a.m. and 2.00 p.m. by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements. It also focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to staff recruitment and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to the monthly quality monitoring reports.

RQIA was assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “Very well.”

Feedback was received from six staff and one relative in the electronic survey and questionnaires returned to RQIA. The relative was ‘very satisfied’ that the care being delivered to her relative was safe, compassionate, effective and well-led. The six staff members were either ‘very satisfied’ or ‘satisfied’ that the care was compassionate, effective and the service was well-led. In relation to the care being delivered to service users was safe, two respondents were ‘very satisfied’ and ‘satisfied’ and the other four staff were ‘neither satisfied nor dissatisfied’. In addition feedback was also received from two HSCT representatives.

Comments received from four staff members raised issues regarding the Covid-19 pandemic and the guidance received from the government for domiciliary care agencies. The feedback received was shared with the manager for follow up.

Service user's representative's comments:

- “Due to staff shortages, xxxx (service user) is unable to access getting out and about in the minibus. As he has no other interests, it is so important to his mental health. In saying this, he gets out occasionally but not nearly enough.”

HCST representatives' comments:

- “The manager and her team provide care to three of my service users, one of which has complex epilepsy. I am provided with information when requested promptly and receive regular updates on current situation, appointments etc. I usually review my service users yearly or sooner if required and there are never any issues planning/arranging this. The staff in Manor Healthcare are most welcoming and relatives also feel well supported. I have no negative comments to add only positive feedback.”
- “Service users always appear to well supported and staff have good insight into their needs. Communication with staff is always timely and appropriate.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to this agency was undertaken on 11 February 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that a number of safeguarding referrals had been made since the last inspection. It was noted that the referrals had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review for seven service users. We established that the processes had been discussed with the HSCT representatives.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of the assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

The manager confirmed they do not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and SALT swallow assessments and recommendations. Two service users have been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of individual service users with regard to eating and drinking. Care plans viewed clearly reflect the recommendations of the SALT team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the HR manager and emails disseminated to the manager when staffs' registrations were due for renewal. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. The process also included engagement with service users, service user's relatives and staff, however there was no evidence of any consultation with HSCT representatives. An area for improvement was identified in this regard.

We noted some of the comments received during the monthly quality monitoring visits:

Staff:

- "I love working here."
- "The house is running well, good routine."
- "Up to date with training on elearning."
- "Full training and induction provided."
- "Staffing is an ongoing challenge."

Service users' representatives:

- "I am happy with everything."
- "I am satisfied with the home and I am aware who to approach if I have any issues."

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified however, despite this, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Lauren McFerran, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 23(5) Stated: First time To be completed by: Immediately from the date of inspection and ongoing	The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. The quality monitoring processes are to include consultations with professionals who commission the care of the service users. Ref: 5.2.5
	Response by registered person detailing the actions taken: Discussion with Reg 23 Auditor and going forward quality monitoring will now include consultations with professionals who commission the care of the service users.

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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