

# Unannounced Care Inspection Report 18 December 2020



## Manor Centre

**Type of Service: Day Care Setting**  
**Address: Manor Drive, Lurgan, BT66 8QD**  
**Tel No: 028 3832 8896**  
**Inspector: Angela Graham**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Manor Centre is a day care setting that is registered to provide care and day time activities for up to 44 people with learning disabilities. The day care setting is open Monday to Friday and is managed by the Southern Health and Social Care Trust (SHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust  <b>Responsible Individual:</b> Mr Shane Devlin	<b>Registered Manager:</b> Mr Melvyn Purdy (Acting)
<b>Person in charge at the time of inspection:</b> Mr Melvyn Purdy	<b>Date manager registered:</b> 17 November 2020 – Acting management arrangements approved

### 4.0 Inspection summary

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 04 February 2020. Since the date of the last care inspection, RQIA was notified of one incident which had occurred within the day care setting. Whilst RQIA was not aware that there was any specific risk to the service users within the day care setting a decision was made to undertake an on-site inspection adhering to social distancing guidance.

An unannounced inspection took place on 18 December 2020 from 09.30 to 15.25 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff commenced employment. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager. We also reviewed the list of all Covid-19 related information, disseminated to staff.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to staff registrations with NISCC. Good practice was also found in relation to infection prevention and control (IPC), the use of personal protective equipment (PPE) and Covid-19 education.

Those consulted with indicated that they were very satisfied with the care and support provided.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Melvyn Purdy, manager and a day care worker, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 04 February 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 04 February 2020.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and the returned Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

During our inspection we focused on consulting with the service users and staff to find out their views on the service.

During the inspection, we met with the manager, two day care workers, two day care support workers and seven service users.

To ensure that the appropriate staff checks were in place before commencement of employment, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19 guidance.

The day care worker advised that there had been no safeguarding incidents since the date of the last inspection. The day care worker confirmed that no complaints were received since the date of the last inspection. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. One service user/relative questionnaire was returned to RQIA within the timeframe for inclusion in this report. No staff questionnaires were returned.

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

We would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager and day care worker at the conclusion of the inspection.

## 6.0 The inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (3) (d) <b>Stated:</b> First time	The registered person shall ensure the day centre maintains:  (a) Documentary proof of the date of the Access N.I. check and the Access N.I. reference number. (b) Documentary proof of the staff member's identity including a recent photograph.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three staff files evidenced that this area for improvement had been satisfactorily addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20.2 <b>Stated:</b> First time	The registered person shall ensure that Trust Home Care staff deployed in the centre are appropriately supervised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Trust Home Care staff had been deployed in the day care setting since the last inspection. We reviewed staff supervision records and supervision was undertaken in line with Standard 22 of the Day Care Settings Minimum Standards, 2012.	

## 6.1 What people told us about this service

The feedback received indicated that people were very satisfied with the current care and support. During the inspection we spoke with we met with the manager, two day care workers, two day care support workers and seven service users. Comments are detailed below.

### Comments from staff included:

- “I have done IPC eLearning Tier 2 and Covid-19 training, our training included donning and doffing.”
- “Very good detailed induction including fire safety, introduction to service users and care records.”
- “Information and updates re Covid-19 are shared with all staff via the global email address, the K drive and we have a Covid folder also.”
- “Acting Manager and seniors undertake spot checks to ensure staff are wearing their PPE correctly, never any issues.”
- “Care is person centred and independence is promoted at all times.”
- “We have a nurse that undertakes PPE and hand hygiene audits.”
- “I feel safe at work and the continual sharing of new information helps.”

### Comments from service users’ included:

- “Staff always wear their masks.”
- “Staff are always cleaning tables and things.”
- “Happy coming to the centre.”
- “Nice staff, they are good to me.”
- “We do dancing to music and I like dancing to music.”

One relative returned a questionnaire and they confirmed they were ‘very satisfied’ that the care being delivered was safe, effective, compassionate and well led. Additional comments included “Xxxx loves going to Manor which is all I need to know.”

## 6.1 Inspection findings

### Recruitment records

We reviewed three staff files. The review of the day care setting’s staff recruitment records confirmed that criminal records checks (AccessNI) had been undertaken before staff members commence employment and direct engagement with service users. However, we identified that one new staff member had only one reference received before they started employment. This is not in accordance with the regulations. Following the inspection, RQIA followed this matter up with the Business Services Organisation (BSO) and satisfactory assurances were provided that this matter has been rectified.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

## **Care records**

We reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The day care worker described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding attendance at the day centre.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with the service users and adapted their communication methods as necessary. We observed interventions that were respectful, proactive and timely.

## **Complaints and compliments record**

A complaints and compliments record was maintained in the day care setting. The day care worker confirmed that no complaints were received since the date of the last inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Comments included "Thank you so much for all the support. You all do a wonderful job and really have the service users' best interest at heart."

## **Monthly quality monitoring**

We discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The monitoring officer reported on the conduct of the day care setting. Three quality monitoring reports were examined from September to November 2020 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, professionals and staff, with positive feedback recorded. It was positive to note that the quality monitoring officer also reviewed NISCC registrations, care records, complaints, adult safeguarding and health and safety matters.

## **Adult safeguarding**

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining

safeguarding records. The day care worker advised that no adult safeguarding referrals were made since the last care inspection.

## **Covid-19**

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the day care worker who advised that this is completed on all persons entering the day care setting in line with current Covid-19 guidelines. A wellness check was also completed by the inspector as requested by the day care worker. Signage had been placed at the entrance to the day care setting which provided advice and information about Covid-19.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. Staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning (putting on) and doffing (taking off) of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. PPE and hand hygiene audits were undertaken and evidenced good compliance with best practice.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the day care setting had been made, to ensure this could be maintained. Changes had been made to activities such as, mealtimes, activities and social outings, to ensure that the service users could maintain the two metre distance from each other.

There was also a system in place to ensure that staff and service users had a daily wellness check recorded and staff and service users' temperatures were recorded twice daily.

Enhanced detailed cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building. We reviewed a sample of these records and some were found to be satisfactory. We observed care staff cleaning hard surfaces and frequently touched points throughout the inspection.

A Covid-19 file was available and included information related to:

- Covid-19 guidance for IPC in healthcare settings
- HSC Basic principles PHA infection control



- NI Regional infection control manual
- SHSCT Hand hygiene guidelines
- Gov.UK PPE guidance
- PHE How to work safely in care homes
- RCN PPE Are you safe.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring and safe manner.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff and service users. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including IPC measures.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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