

# Unannounced Care Inspection Report 4 February 2020



## Manor Centre

**Type of Service: Day care**  
**Address: Manor Drive, Lurgan, BT66 8QD**  
**Tel No: 028 3832 8896**  
**Inspector: Maire Marley**

[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

## 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Southern HSC Trust</p> <p><b>Responsible Individual:</b> Shane Devlin</p>	<p><b>Registered Manager:</b> Darren Campbell</p>
<p><b>Person in charge at the time of inspection:</b> Assistant Manager</p>	<p><b>Date manager registered:</b> Darren Campbell – 17 June 2019</p>

## 4.0 Inspection summary

An unannounced inspection took place on 4 February 2020 from 10.00 to 14.00 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection. This was a short focused inspection to look at recruitment practices and service users experiences in the day centre.

On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

Service users said:

- “Staff are great.”
- “I’m fine in this centre I like coming here.”
- “If there was anything wrong I would talk to the staff or the manager.”
- “Love coming here, lots to do.”

Evidence of good practice was found in relation to staff knowledge of service user’s needs, activities provided, communication with healthcare professionals and families and the cleanliness of the general environment.

Two areas of improvement were identified during this inspection in relation to the further development of recruitment documentation and the supervision of home care staff.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with assistant manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 6 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 March 2019.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking to service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff work with service users; we examined recruitment records relating to Access NI and NISCC registration.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within or these report. No responses were returned in time for inclusion in this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

During the inspection the inspector met communicated with ten service users and five staff.

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

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

The findings of the inspection were provided to the assistant manager at the conclusion of the inspection.

## 6.0 The inspection

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.8 <b>Stated:</b> First time	The registered person shall ensure fire induction records are appropriately signed and dated.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two induction records on the day of inspection found that the records of induction were signed and dated appropriately.	

<b>Area for improvement 1</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time	The registered person shall improve the frequency of individual formal supervision for each staff member.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Information in the returned Quality Improvement Plan, discussion with staff and a review of the supervision matrix confirmed that staff received individual formal supervision every quarter.	

## 6.1 Inspection findings

The centre provides a day care service for adults living with learning and physical disability and sensory impairment. Service users' can also have a range of complex health issues and /or challenging behavior.

On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted. Furniture and fittings were found to be fit for purpose.

During the inspection staff interactions with service users were observed to be compassionate, caring and timely. Staff were noted to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. Service users approached staff freely, communicating their needs and making requests.

Those service users who engaged with the inspector spoke positively about the service and the ongoing benefits of attending the centre.

### Service Users' comments:

- "I always enjoy it here we have plenty to do and have good craic."
- "The Manor centre is the best."
- "I would tell my keyworker if anything was annoying me, they would help me."
- "Great place, great staff and good fun."
- "I like doing different things; I can knit and have lots of different wool."
- "The manager comes into our room and we talk to him."
- "----- (staff member) talks to me about my care plan, and I have meetings too."

### Staff Comments:

- "Staff know their roles and responsibilities and we work really well together as a team."
- "We have regular supervision and are provided with great training opportunities."
- "Management have an open door policy and you can go to them with any issues."
- "As a staff team we have a voice, very easy to speak up about any issues and we are always listened to"

- “I really enjoy coming to work, lovely centre to work in and everyone helps each other out.”
- “We have daily briefs and this communication ensures everyone is kept up to date.”
- “The management team are helpful and very approachable, no issue is too small.”
- “Everyone working in the centre is given the relevant information to enable them carry out their duties.”
- “Staff provides safe care by knowing the policies, care plans and what is expected of them.”
- “The staff team know their service users’ needs really well.”
- “I was provided with a good induction and that helped me settle in and become one of the team, everyone is so welcoming.”

The assistant manager described the difficulties in recruiting and retaining staff and the range of recruitment activities implemented by the Trust to address the vacancies arising from staff turnover. A recent recruitment drive had been very successful and the centre was looking forward to new staff commencing duty.

The staffing arrangements which had been assessed as necessary to provide a safe service in the setting were discussed and assurances were provided that sufficiently competent and experienced persons are working in the centre to meet the range of needs accommodated. The centre currently avails of two staff from an agency and also has the support of three Trust Home Care staff.

A sample of duty records examined for the months of December 2019 and January 2020 contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained. During discussions staff and a relative expressed that they felt there was sufficient staff to maintain the safety of service users in the centre. Observation during the inspection found the needs of the service users were effectively met by the staff on duty.

The Trust has a human resources department (HR) that oversees the recruitment processes including pre-employment checks. The assistant manager described the procedure for ensuring that staff are not provided for work until all necessary checks are completed and confirmed that the outcomes of these checks are retained in HR department. On completion of satisfactory pre-employment checks and verification of supporting documentation the manager receives an email from the H.R department to confirm the staff member can commence duty.

A review of three staff records employed in the centre relating to the recruitment process found the information in place was consistent with the Trust’s procedures. It was noted there was no documentary proof of the date of the Enhanced Disclosure Access N.I pre-employment check or the reference number. Access N.I disclosure certificates are only accurate on the date of issue and therefore a record of the date the check was completed along with the reference number should be maintained. This is stated as an area of improvement.

Two records examined found there was no evidence of photographic identification. This is stated as an area of improvement.

There were no records relating to the three Trust Home Care staff and the assistant manager reported that the records for these staff were held by the Trust Home Care Agency. It is acknowledged that the Trust has overall robust recruitment processes in place, however the manager must ensure all relevant information required by regulation is in place prior to any staff member commencing duty.

Arrangements are in place to ensure that all staff are registered with The Northern Ireland Social Care Council (NISCC).

Information in regard to registration and renewable dates are maintained for the staff employed within the centre and were available for inspection. A review of these records and discussion with the assistant manager confirmed that all staff are currently registered with NISCC. There was no information initially available on the Trust Home Care staff NISCC registration however this information was presented to the inspector during the course of the inspection. The assistant manager provided assurances that this information would be retained and available for inspection in future. This will be monitored during inspections.

Staff records viewed confirmed that new staff and those staff deployed from an external agency undertake an induction programme relevant to their role and responsibility and there was evidence that these staff complete the NISCC induction standards. Discussion centred on the supervision of The Trust Home Care staff when they are deployed in the centre. The assistant manager confirmed that the day centre did not provide formal supervision as the staff received supervision from the agency. The manager must ensure that Trust Home Care staff deployed in the centre are appropriately supervised. This is stated as an area of improvement. The supervision records for four other staff in the centre were examined and found to be satisfactory.

### Areas of good practice

There were samples of good practice found throughout the inspection in relation to staff knowledge of service users' needs, range of activities, risk management and the general environment.

### Areas of Improvement

Two areas for improvement were identified during the inspection and related to the further development of recruitment documentation and the supervision of Home Care staff deployed in the centre.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (3) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2020	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.  Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2020	The registered person shall ensure that Trust Home Care staff deployed in the centre are appropriately supervised.  Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b>

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





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