

# Inspection Report

4 April 2023



## Manor Centre

Type of service: Day Care Setting  
Address: Manor Drive, Lurgan, BT66 8QD  
Telephone number: 028 383 288 96

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

|   |  |
|---|--|
| <p><b>Organisation/Registered Provider:</b><br/>Southern Health and Social Care Trust (SHSCT)</p> <p><b>Responsible Individual:</b><br/>Dr Maria O’Kane</p>   | <p><b>Registered Manager:</b><br/>Mr Darren Campbell</p> <p><b>Date registered:</b><br/>17 June 2019</p> |
| <p><b>Person in charge at the time of inspection:</b><br/>Mr Darren Campbell</p>  |  |
| <p><b>Brief description of the accommodation/how the service operates:</b><br/>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 SHSCT.</p> |  |

## 2.0 Inspection summary

An unannounced inspection was undertaken on 4 April 2023 between 10 a.m. and 2.50 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency’s governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. The care plans were person-centred and contained details about the service users likes and dislikes.

Areas for improvement identified related to the fire evacuation records.

All those consulted with indicated that they felt the day care setting was providing safe, effective and compassionate care; and that the service was 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

During the inspection we provided a number of questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- 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 indicated that the respondents were very satisfied with the care and support provided; and that the service was well-led. Written comments included:

- "I like my centre, the staff are alright. I look forward to coming in every day."

Review of the monthly quality monitoring reports also included a number of positive comments from service users and relatives. Comments included:

**Service users:**

- “I like coming here and the staff are good to me.”
- “I am getting on well here, there is nothing I don’t like.”

**Relatives:**

- “My son loves it. The staff are always pleasant; nothing is too much for the staff. I have nothing bad to say and never have any problems.”
- “My son is happy at the Manor and if he is happy, we are happy.”

During the inspection we met with a number of service users. Service users consulted with indicated that they were happy with the care and support provided. They were noted to be relaxed and comfortable in their interactions with staff.

We also spoke with a number of staff, who commented positively in relation to the care and support provided in the day care setting and in relation how the centre was managed. Comments included:

**Staff**

- “It’s a very good place to work in.”

A number of staff responded to the electronic survey. The respondents indicated that they were generally ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. One staff member provided specific comment in relation to the leadership of the day care setting. This matter was relayed to the manager for review and action, as 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 care inspection of the day care setting was undertaken 25 November 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

| Areas for improvement from the last inspection on 25 November 2021  |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007                  |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 13 (7)<br><br><b>Stated:</b> First time                 | <p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection in the day care setting.</p> <p>Matters as detailed below should be addressed with immediate effect:</p> <ul style="list-style-type: none"> <li>• continence pads should be stored in their original packaging until required for use</li> <li>• aprons, service user single use wipes and service user clothes protectors should not be stored uncovered in bathrooms</li> </ul> | <b>Met</b>               |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>  |                          |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 28 (1) (2) (3) (4) (5)<br><br><b>Stated:</b> First time | <p>The registered person must ensure that the quality monitoring visits are undertaken at least once a month or as agreed with the Regulation and Improvement Authority.</p>   | <b>Met</b>               |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>  |                          |

## 5.2 Inspection findings

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

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Review of records confirmed that staff clearly understood their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns.

The manager advised that no concerns had been raised to them under the whistleblowing policy.

The manager had reported incidents to RQIA as required under the Regulations.

There were no service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management, as appropriate to their job role. The manager advised that no service users required their medicine to be administered with a syringe. Advice was given regarding the need for this to be included in the medicines competency assessment should staff be required to undertake this task.

Any restrictive practices used were included within the care plans.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

A resource folder containing information on Deprivation of Liberty Safeguards (DoLS) was available for staff to reference. Information was also available on the electronic shared drive, which staff could access.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, this was included in the care plan.

The last Fire Risk Assessment was dated September 2020.

During the inspection fire exits were observed to be clear of clutter and obstructions.

Records examined identified that there were systems in place relating to safety checks. These included fire alarm testing and fire evacuations. The names of the service users and staff who had attended a fire evacuation drill were not recorded. This was discussed with the manager. An area for improvement has been identified.

### **5.2.2 What are the arrangements for promoting service user involvement?**

Review of service users' records confirmed that the care plans were person-centred and contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Service user meetings were held on a regular basis which enabled the service users to discuss their views on different matters within the day care setting, including their views on the meals served. Service users were also asked for their views on any activities they would like to become involved in. Some matters discussed included:

- arts and crafts
- art lessons
- Fit4U exercise classes
- Planning seasonal activities
- Planning day trips

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Should individuals with learning disabilities continue to experience anxiety about the pandemic, the day care setting was aware of available resources to support them.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

During the inspection we met with a representative from SALT who advised that the staff always follow any recommendations or advice given.

Information relating to swallow awareness was displayed appropriately for staff to reference.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff had undertaken training in relation to Dysphagia and in relation to how to respond to any choking incidents.

#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There were no volunteers working in the day care setting.

#### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was in the process of being completed; it was agreed that this will be submitted to RQIA on completion.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately.



There was a system in place to ensure that complaints were managed in accordance with the day care setting’s policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting’s monthly quality monitoring process.

**6.0 Quality Improvement Plan/Areas for Improvement**

An area for improvement has been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, (revised), 2021.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 1         |

The area for improvement and details of the QIP were discussed with Darren Campbell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>   |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate and ongoing from the date of inspection</p> | <p>The registered person shall ensure that all staff attend a fire evacuation drill at least once a year.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>The fire evacuation recording sheet will now include a list of all staff names who participate in the evacuation drill. Any staff who are absent on the day of the drill will be facilitated with another fire evacuation drill to ensure all staff have completed a yearly fire drill in compliance with Standard 28.6.</p> |

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





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