



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Manor Centre**

**9 September 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 9 September 2015 from 10.30 to 16.15. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Mrs Paula Mary Clarke	<b>Registered Manager:</b> Mrs Margaret Murphy
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Margaret Murphy	<b>Date Manager Registered:</b> Registration pending
<b>Number of Service Users Accommodated on Day of Inspection:</b>	<b>Number of Registered Places:</b> 23

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support.**

**Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: the registration status of the service; incidents notification which revealed four incidents had been reported and RQIA; written and verbal communication received since the previous care inspection which did not reveal any concerns. The returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection which revealed one requirement and no recommendations had been made.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with five service users, the registered manager and two staff. There was no visiting professionals or representatives/family members. Four staff and five service users completed inspection questionnaires which have been incorporated into this report.

The following records were examined during the inspection: The settings statement of purpose and service user's guide; four service users individual care records including care plans, assessments and review documentation; one complaint / issue of dissatisfaction; a sample of the settings monthly monitoring visit records (regulation 28) for June, July and August 2015; a sample of the settings incidents and accident records from May 2014 to September 2015; and policies and procedures regarding standards 5 and 8.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 26 May 2014. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 15 (a)</b>	<p>The registered person must ensure when trust employees are recording, planning and assessing the human rights of service users this is completed individually for each service user and avoids standard descriptions of anybody's human rights.</p> <p>This must be improved and a clear analysis of each individual service user's rights should be inserted in the day care setting assessment and review information to ensure individuals rights are protected and not infringed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Inspector confirmed service user's individual records clearly state where service users' privacy, dignity and rights have been identified as requiring promotion. The work that had been completed on the four service users records inspected was above the minimum standard and the rights of each service user as well as how their rights and dignity can be promoted was very clear.</p>	

### 5.3 Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

#### Is Care Safe?

There is a continence promotion policy and procedure in place, it is in draft form and dated August 2015. This covers the identification of an issue and how to get professional assistance in this regard. The document also discusses staff need to protect service users privacy and dignity. The more practical and procedural description will be further developed like accessibility of toilets, assisting in accessing toilets. Advice was given in this regard.

The inspection of four service user records confirmed service users have a current needs assessment, risk assessments and care plan which had been kept under review, amended as changes occurred and reflected the needs and preferences of the service user. The needs assessment and care plan had been appropriately signed.

In the service user care plans the intimate care needs of each service user had been noted in a respectful and service user centred manner. The care plan gave an overview of the need and how to meet the need.

Specific guidelines; if required were written up on a safe system guideline form that staff use. Each one inspected gave information for the different variables; for example if the service user is more tired or asserting their independence. In summary the information recorded was ensuring care provided was focussed on individual need and preference as well as the safety of each individual.

The inspection included general discussion with three staff and one to one discussion with one staff member regarding the standards inspected. This discussion provided evidence the staff actively seeks service users and their representatives' views. These had been recorded in the care plans, service user general recording, communication books, review record and minutes of meetings with service users. Discussion with staff and service users identified ideas, comments and preferences had been incorporated into practice, to ensure that choices, issues of concern, complaints or risks are acted on and recorded. Discussion with staff and a tour of the environment in the Manor Centre showed staff are aware of how to use continence products and Personal Protection Equipment (PPE) when providing care. Staff discussion and observation of the environment showed products are accessible.

Care practice had been informed by mandatory training such as infection control and manual handling. Guidance was also accessible for staff regarding the same. Observations of the environment, including odour, location / storage of PPE and continence products presented as in keeping with infection control guidance and did not raise any concerns.

Staff discussion and review of training records revealed staff had not received training in the areas of continence promotion, in the day centre. However the inspection of documentation, discussion with staff and service users found them to be very knowledgeable regarding processes and products.

Four staff completed RQIA inspection questionnaires and they stated they feel satisfied to very satisfied they had received mandatory training and appropriate training to meet the service users' needs. Staff were satisfied to very satisfied that the service users receive timely support from the multi-disciplinary team and equipment is obtained in a timely manner.

Five service users completed questionnaires with the inspector for this inspection, they feel satisfied to very satisfied they feel safe and secure in the day care setting and staffing levels are appropriate. Comments made were "staff see to your needs, were a big happy family". "Physio has really helped; I have gone from a wheel chair to walking aid. They said I couldn't do it but where there's a will there's a way". "The day centre gets you out of the house, I live on my own so I can socialise in the centre. It gives me a boost being here, I like gardening and work in the centre, it keeps the brain working". "Improvements are made to ensure we are safe for example fire evacuations are done here to check we are safe in the event of a fire. I am independent and try not to be dependent on staff".

In conclusion the individual care plans identified how individual continence needs are met and supported safely in this day care setting.

## **Is Care Effective?**

The review of the bathrooms and storage areas in this setting identified there was appropriate supplies of continence products.

Discussion with staff demonstrated they are aware of how to meet assessed needs. Staff stated they have unrestricted access to continence products and PPE.

Discussion with service users provided evidence the service users feel they have been listened to, respected, valued and their dignity, sense of worth and independence has been promoted. One service user identified this had improved in the last two years. All of the service users said they are listened to; they have good relations with staff and effective communication with the centre.

The staff explained care plans are informed by discussion with the service user, information from professionals and assessments. If continence issues had been identified, staff incorporated in the plan service users choices and preferences as well as promoting independence; and protecting service users dignity and privacy.

Five service users responded in RQIA inspection questionnaires they feel satisfied to very satisfied that staff know how to care for them and respond to their needs. They commented "staff are all very good in here". "I know where the bathrooms are and I have got my independence back". (Regarding intimate care) "staff are getting it right". "I can do physio or not. I can be independent but also get support depending on how I feel".

Four staff responded in inspection questionnaires they are very satisfied they have access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre.

The inspection concluded care provided by staff is effective in promoting and supporting continence needs.

## **Is Care Compassionate?**

Discussion with staff, observation of practice and review of records identified staff are knowledgeable and are focused on ensuring care uses a person centred approach which is underpinned by values, respects individuals preferences and does not restrict them when meeting individual continence needs and promoting continence.

Discussion with service users identified they feel they can access bathrooms easily, can ask for staff support if they need it and the staff are responsive to their needs. The service users did not have any concerns regarding their intimate care needs being met in the centre. Furthermore all of the service users identified staff work with service users to help them gain independence where possible and maintain independence where possible, which they value.

The deputy manager delivered training regarding dignity to staff which covered the definition, professional standards and discussion about what protecting dignity means for their service users. This discussion is a sound example of how management have assisted staff to understand how service users may need staff to assist them in this regard and identify areas of support.

Four staff reported in the questionnaires that they are satisfied to very satisfied service users are afforded privacy, dignity and respect at all times; they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

Five service users reported in the questionnaire's they are very satisfied to satisfied with the care and support they receive. Comments made were "I'm very happy here". "When you ask staff to help you, it doesn't matter what their doing, they help straight away. They really know what we need. Staff always try to help".

The inspection concluded staff approached meeting service users' needs with compassion and ensured service users were given time to talk openly or privately.

### Areas for Improvement

No areas for improvement were identified regarding the service users care plan - Where appropriate service users receive individual continence promotion and support:

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

### Is Care Safe?

Discussion with staff, review of records, observation of practice and discussion with service users demonstrated how staff actively seek service users' and their representatives' views which they incorporate into practice in care plans, reviews, day to day contact, surveys and service user forums and meetings, such as the empowerment committee. Service users were satisfied staff communication with them was ensuring their choices, issues of concern; complaints or risks had been recorded and acted on. A service user questionnaire and feedback report had been completed by a student and the outcome and issues raised had been integrated into practice. Examples of improvements were widening the scope for formal service user consultation beyond the committee and ensure all information about the committee meetings is published for whole centre. The review of the service user meeting minutes showed they are written by service users. The agenda included activities and service users' issues. The review of care plans showed staff record how best to communicate with service users and how they can empower and enable to communicate and be involved in communication in the group setting. The service user satisfaction survey had been completed in April 2015 and the implementation of the action plan was reviewed in the August Monthly Monitoring visit and Report.

Discussion with staff and review of records confirmed service users are listened to and responded to by staff who are knowledgeable about service users' individual modes of communication and staff understanding of each service users individual needs was clear in this area.

There are policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices

The inspection confirmed staff communicate effectively with service users and use this information to ensure care is safe and responsive to need.

### **Is Care Effective**

There is a range of methods and processes where service users' and their representatives' views are sought, recorded and include details of the action taken. Records inspected included four service users individual care plans, reviews, records of day to day communication, three monthly monitoring visit reports, a sample of committee meeting minutes and service user questionnaires. Service users said they feel satisfied the staff have an open door and open approach to service users bringing issues to them, they said they feel the people in the centre are a big family; and communication is encouraged at all levels and regarding all matters. Service users said they participate in decisions about the care and support services they receive and staff enable and encourage them to exercise choice and control over their lifestyle, while not infringing on the rights of others. Furthermore service users are enabled to be involved in and given opportunities to influence the running of the day care setting through day to day communication and the committee.

Discussion with staff confirmed they have a good knowledge base regarding each individual service users' needs regarding dignity and privacy. Staff are very clear they must respect each service users choices and preferences and protect service users when meeting their needs. Staff described changes made as a result of feedback from service users either individually or as a group; and staff were knowledgeable regarding their role in promotion of service users rights and managing risk safely whilst using the least restrictive methods to meet need. This was also well documented in service user's records.

The inspector observed staff informing service users that the inspection was taking place and service users were encouraged to speak to the inspector throughout the day, they openly gave their views about the standard of care delivered and the conduct of the Day Care Setting to the inspector.

There are policies regarding:

- inspections of the day care setting
- consent
- listening and responding to service users' views
- management, control and monitoring of the setting
- quality improvement
- complaints



In conclusion the care in this setting includes staff effectively seeking service user's views, opinions and preferences and this information is used to inform day care delivery.

### **Is Care Compassionate?**

The service users in this setting stated to the inspector they feel they are listened and responded to by staff that is knowledgeable about them including their communication needs. This inspection agrees with this opinion, and observed listening to service users and hearing what they say is a priority for staff in this setting. Service users confirmed staff keep them informed about issues affecting them and they feel they are treated with respect.

Five service users completed questionnaires for this inspection and they stated service users are satisfied to very satisfied that their views and opinions are sought regarding the service. Comments made were: "I'm on the committee; we work well as a group, pushes issues, concerns and ideas forward". "If we have any complaints we go to Melvin or any other staff. I can always ask any staff if I need a hand". "I have seen a difference in the last two years where information has improved".

Five staff questionnaire's stated they were satisfied to very satisfied regarding the following questions: service users are involved in and are given opportunities to influence the running of the centre; systems are in place to seek service users' views; management action service users' suggestions, issues or complaints; and service users are kept informed regarding any changes. One staff member wrote "Management welcome complaints as this is an opportunity to improve the service and client experience".

In conclusion this inspection confirmed the staff use a compassionate approach to gather service users views, opinions and preferences.

### **Areas for Improvement**

No areas of improvement were identified regarding service users' involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting:

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1. Service user files:**

The inspector reviewed four individual service user records which were kept in individual indexed files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements that were required and the inspection identified quality of information recorded was very good and person centred with clear guidance for staff regarding intimate care and communication.

### **5.5.2. Complaints and compliments**

The complaints record was reviewed by the inspector and this revealed one complaint had been recorded in 2014 and none in 2015. The examination of the record revealed the complaint had been recorded in accordance with the day centre procedure and they had been investigated and resolved locally to achieve a satisfactory outcome.

The inspection did identify the setting had received a large number of compliments, the most recent was received in August 2015 and the letter identified the trust should recognise the value and impact that Manor (Day Centre) for the individual service users and their families. It was clear Manor centre had reduced the stress for this family and opened opportunity for the service user.

### **5.5.3. Monthly monitoring visits (Regulation 28 reports)**

Monitoring visits were sampled from June 2015 to August 2015 and this did not reveal any improvements or concerns that require further discussion.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

**6.0 No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Mairead Murphy	<b>Date Completed</b>	04.11.15
<b>Registered Person</b>	Miceal Crilly	<b>Date Approved</b>	4 <sup>th</sup> Nov 2015
<b>RQIA Inspector Assessing Response</b>	Suzanne Cunningham	<b>Date Approved</b>	4 November 2015

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**