

# Unannounced Care Inspection Report 14 December 2017



## Manor Centre

**Type of Service: Day Care Setting**  
**Address: Manor Drive, Lurgan, BT66 8QD**  
**Tel No: 02838328896**  
**Inspector: Bridget Dougan**

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

Assurance, Challenge and Improvement in Health and Social Care

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a day care setting that provides care and day time activities for up to 23 service users with a learning disability. The day care setting is open Monday to Friday.

### 3.0 Service details

<b>Registered Provider/Responsible Person:</b> Southern Health and Social Care Trust (SHSCT)	<b>Registered manager:</b> Margaret Murphy
<b>Responsible Individual(s):</b> Francis Rice	
<b>Person in charge of the establishment at the time of inspection:</b> Melvyn Purdy	<b>Date manager registered:</b> 01 January 2001  Application was received by RQIA for Melvyn Purdy to act as registered manager from 23 November 2017 to cover planned absence of the registered manager
<b>Categories of care:</b> DCS-PH, DCS-SI	<b>Number of registered places:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 14 December 2017 from 10.00 to 15.30 hours.

This inspection was underpinned by 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 and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; governance arrangements; and maintaining good working relationships.

One area requiring improvement was identified in respect of a signed variation application to reflect changes to the services provided.

Service users said "we get the help we need"; "if I had a problem, I could talk to staff"; "everyone is good and kind"; "I go to the tech to do arts and crafts and I enjoy this"; "I like listening to music", "the dinner is lovely, I get lots to eat".

The findings of this report will provide the establishment 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>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Melvyn Purdy, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent estates inspection dated 21 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 March 2017.

## 5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

During the inspection the inspector met with:

- the manager
- sixteen service users
- eight care staff
- one ancillary staff member

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

Following the inspection, questionnaires were sent to the manager to distribute between service users, representatives and staff. Six service user questionnaires were returned.

One area for improvement was identified at the last care inspection. This was reviewed and assessment of compliance was recorded as met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 March 2017

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 08 June 2016

Areas for improvement from the last care 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 14.10 <b>Stated:</b> First time	The registered person should improve the record of complaint to include details of the investigation undertaken, all communication with the person making the complaint, the result of any investigation, the outcome and the action taken to address the issues raised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Complaints records were maintained appropriately and included details of all communication with the complainant, the result of any investigations, the outcome and the action taken to address the issues raised.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 06 November until 08 December 2017 evidenced that the planned staffing levels were adhered to.

Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The SHSCT has a robust staff recruitment policy and procedure. The manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records are retained at the organisation's personnel department.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the manager. Records of competency and capability assessments were retained and examined during the inspection.

There was an induction programme in place for all grades of staff which included the trust induction and Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in. These arrangements in place had offered staff and management assurance that staff had the right level of knowledge, skill and understanding to provide safe, effective and compassionate care in this setting.

The settings training record demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Examples of training staff received in 2016/2017 were safeguarding; infection prevention and control; fire safety; manual handling; first aid and MAPA (behaviour management training).

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed. Service users using wheel chairs were secured in their chair using a lap belt however this was required for posture and safety.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed and the fire risk assessment had been reviewed on 22 March 2017.

Discussion with service users found they felt safe in the settings, they said their staff and friends help them feel safe and they said they knew where to go if the fire alarm sounded.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Four service users' care files were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user's needs, and set out arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records daily to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users reported that they knew staff in the setting; they could talk to staff or the manager if they were worried, or had a concern about their care and staff would help them resolve their concern. Service users knew what activity they were going to take part in and they were happy that their choices and needs were being met.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, complaints, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings. The manager confirmed that staff and service user meetings were held at least monthly. The minutes of the meetings were shared with service users who were unable to attend. Staff used pictorial signs, communication passports, Makaton and other non-verbal communication aids to facilitate communication with services users as appropriate.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users and other health care professionals.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between service users, staff and other key stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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



## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Manor Centre was renovated to facilitate additional service users who moved to this service in July 2016 following the closure of Eden Day Centre. In discussions, service users spoke of how they were involved in the discussions and decisions regarding the renovations and decoration of the centre. The centre was observed to be nicely decorated for the festive period and service users informed the inspector that they had been involved in making the decorations and they enjoyed doing this.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities and outings. They discussed the range of activities they could take part in such as arts and crafts, cookery and gardening. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests. The centre works in partnership with the local community, for example Arts Care and Southern Regional College. One service told us how he enjoyed participating in an arts and crafts course at the local college.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning, opportunities for work and outings through service user meetings, informal discussions and their individual review meetings.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal.

Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "Everyone is good and kind."
- "staff are all very good"
- "I go out to the tech and do arts and crafts and I enjoy this"
- "I like listening to music"
- "If I had a problem I could talk to the staff."
- "Dinner was lovely. I get lots to eat."

Eight care staff and one ancillary staff member was consulted. Some comments received are listed below:

- “I received a detailed induction and I am well supported by senior staff.”
- “we have a very stable workforce and there is very little sickness absence”
- “we do our best to ensure all our service users enjoy their time at the day centre”
- “there is plenty of opportunities for professional development.”
- “I can’t think of anything that needs to be improved”

Six service user questionnaires confirmed that they were very satisfied with the care and services provided.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

RQIA certificate of registration was displayed appropriately; however it was not reflective of the numbers or needs of the service users attending the centre on the day of the inspection. Twenty five service users were attending the day care centre at the time of the inspection. Discussion with the manager confirmed that the numbers of service users had increased and there were some changes in regard to the needs of service users as a result of the closure of the Eden Centre, in July 2016. An updated statement of purpose and service user guide had been submitted to RQIA reflecting the changes.

An application for variation of registration of the Manor Centre had been submitted to RQIA in July 2016, however this was incomplete and further information was requested. This was followed up with the management of the Manor Centre, post inspection however to date this has not been returned. An improvement has been made.

Staff spoken with confirmed that they were familiar with the organisational and management structure and with their lines of professional accountability. They confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or

service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

There was evidence of good governance systems and processes in place to meet the needs of service users. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Discussion with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the manager confirmed that staff meetings were held monthly, and records verified this. The last meeting was held on 14 November 2017 and minutes were available. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

One complaint had been recorded since the previous care inspection on 08 June 2016. Discussion with the manager confirmed that local resolution had been achieved. Compliments records were recorded and maintained.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA. The reports showed that all of the required aspects of the centre's operations were checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of monitoring action plans was revisited by the monitoring officer in subsequent visits.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Six service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding the questions "is care well led" in this setting. They referenced they know who is in charge; the service is well managed; their views are sought and they know how to make a complaint.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

### **Areas for improvement**

One area for improvement was identified during the inspection in relation to the submission of a signed variation application to reflect the changes in services.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	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 Melvyn Purdy, 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 day care setting. 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, 2012.

## **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.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 31 (h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> upon return of completed Quality Improvement Plan</p>	<p>The registered person shall submit to RQIA, without delay, a signed application for variation to the registration of the Manor Centre to reflect the changes to the services provided. This should be submitted within 28 days.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered manager [Melvyn Purdy] submitted an application [F12] for variation to the registration of Manor Centre on 12.01.18 reflecting the changes to the services provided.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

**Twitter** @RQIANews