



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Manor Centre
Establishment ID No:	11310
Date of Inspection:	20 May 2014
Inspector's Name:	Suzanne Cunningham
Inspection No:	17617

The Regulation And Quality Improvement Authority
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Name of centre:	Manor Centre
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Registered organisation/ Registered provider:	Mrs Anne Mairead McAlinden Southern HSC Trust
Registered manager:	Mrs Margaret (Mairead) Murphy
Person in Charge of the centre at the time of inspection:	Mrs Margaret (Mairead) Murphy
Categories of care:	DCS-PH, DCS-SI
Number of registered places:	23
Number of service users accommodated on day of inspection:	11
Date and type of previous inspection:	7 November 2013
Date and time of inspection:	20 May 2014 10:00 – 17:15
Name of inspector:	Suzanne Cunningham

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	4
Staff	2
Relatives	2
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	4

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Manor Centre is a thirty six year old statutory Day Centre located in Lurgan. The facilities are situated near to local amenities. The building is single storey, it has been modernised and adapted to meet the needs of the service users attending. The environment is bright and presents as well maintained with a welcoming entrance.

The Centre offers day care for twenty three adult physical disabled clients per day with a total number of one hundred and fifteen weekly places. Placement at Manor Centre is available for those aged eighteen to sixty five years. Dependency levels can vary greatly within the centre and the staff team are trained to support the different care needs of the service users. The activities undertaken at the centre fall into the following categories: physical, educational and social. There is limited car parking at the front of the centre. The opening hours are Monday to Friday, 9.00 am to 4.30 pm.

Summary of Inspection

A primary inspection was undertaken in Manor Day Centre on 20 May 2014 from 10:00 to 17:15. This was a total inspection time of seven hours and 15 minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and representatives
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the assistant manager and day care worker individually and informally to the care workers during the inspection. Discussion gathered evidence for the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff have been motivated to plan and deliver care that fully meets the service users' needs as well as ensuring their rights are protected and seeking to improve the service users overall experience in the day care setting. Plans focus on improving or maintaining cognitive functioning at the level the service user can manage, developing new interests and skills, encouraging social contact and improving outcomes for the service users and their families.

Five questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff members described as: "very good"; "excellent, all are treated with dignity and respect"; "high standard of quality care; where the needs of the service users are met"; "they are supported by staff emotionally and practically and the centre is a place where they look forward to coming"; "Very good – all individuals needs are met"; and "excellent quality, excellent atmosphere".

The inspector spoke informally with the service users who were present during the inspection and spoke individually to four service users regarding the standard inspected and the two themes. This revealed two service users are aware records are kept about them and are informed regarding how they can access the record and two service users were aware records were kept but not in a file. With respect to human rights the service users said they were consulted regarding concerns, actions required and referrals to other professionals, they also reported staff consult with them regarding any plans in place that could be restrictive such as use of wheel chair, lap belts; and accessibility of the day care setting to ensure service users are not restricted and can access parts of the day centre they want to get to. Furthermore, service users said they are confident they can raise concerns with any staff and they were confident it would be resolved. Service users were aware the registered manager delegate's responsibility for day to day management tasks to Elaine or Melvyn and they would seek support from them as required. Service users commented the day centre is "great, I love it here", service users said they are given autonomy to plan activities, fund raise and engage with activities in the day care setting. Overall the inspector was satisfied service users are encouraged to be fully involved in the day care settings planning, activities and delivery of service.

Two service user representatives called into the day centre to discuss their views about the day centre what day care means to them and their families. They were aware of the records kept about their relative by the day care setting and felt important information had been shared as appropriate such as care plans. Both representatives said the communication by staff is good and they had been well informed regarding general issues as well as any concerns the staff have. Representatives also commented their relatives needs are well assessed and planned for by staff, there is a focus on assisting service users to feel comfortable and at ease in the setting; and communication with the service users' is central to this. Relatives were aware who to approach if they had any concerns about the care. The representatives made the following comments regarding their experience of day care in this day care setting: "This day centre is absolutely essential, where else would (relative) go? The staff pull together and work as a team, there is good spirit, (relative) is central, staff talk to him no representatives." "Everyone knows him in and out; staff are friendly, pleasant, very caring, just great with him."

The previous announced inspection carried out on 7 November 2013 had resulted in two requirements regarding the reporting of regulation 29 incidents to RQIA and the accessibility of the regulation 28 reports for service users which had both been improved and were compliant at the time of this inspection. One recommendation was made in this day centre regarding improving the staff knowledge of human rights issues for service users to ensure the reviews section on human rights is meaningful and identifies all areas where rights may be infringed. The inspector concluded arrangements had been improved in all of these areas with regard to centre staff and the centre had achieved compliance. Nevertheless the trust staff who write reports in this setting need to ensure their commentary regarding service users human rights is person centred.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; and no recommendations or requirements are made.

Observations of service users; discussion with staff; and review of three service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and do describe how service user's information should be kept, they specify recording procedures and describe access.

The inspector concluded the centre's process of maintaining and updating service users' records presents as well managed, is developing person centred practice and focuses on promoting service users' social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as substantially compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's care plan. Therefore no incidents have been or would be reported through to RQIA under current arrangements. One requirement is made for trust staff to ensure human rights assessments are not generalised by trust staff and are person centred.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Staff do not anticipate using restraint, seclusion or restrictions other than mechanical methods to keep service users safe and improve posture. Staff discussed using diversion, good communication, general supportive approaches, calming, diffusing techniques and knowing their service users' needs, diagnosis, treatment plan and personality. Staff identified this assists them in ensuring service users behaviour does not escalate and ensures they can meet individual need.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme and one requirement is made.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to the settings competency assessment of staff left in charge of the day care setting. The inspector concludes the arrangements in place for the delegated management tasks present as well planned for and are supported by the manager who presents as effective in this regard

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of social support to this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users and their families.

As a result of the inspection a total of no recommendations and one requirement have been made regarding the assessment of human rights. This was reported to the management team at the conclusion of the inspection and assurances were given that this will be addressed within the trust.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	29	The registered manager must ensure the incidents and accidents records are reviewed and any that are reportable to RQIA under regulation 29 are reported to RQIA retrospectively. Future notifications must be made in a timely manner.	This was improved following the last inspection.	Compliant
2.	28.5	The registered person must ensure adequate arrangements are in place to inform service users that they can access the regulation 28 reports and how they do this. Arrangements in place in this regard should be reported on the returned quality improvement plan.	Monitoring reports are displayed for service users to read in the day centre.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	6.8	<p>The registered manager should enable staff to review the consideration of human rights in the review meeting. Discussion and analysis should include all areas where human rights may be interfered with. For example when restraints of any kind are used, restrictions are place on service users in the day care setting and the potential for seclusion in the day care setting. Arrangements to progress this should be reported in the returned quality improvement plan.</p>	<p>The review of a sample of reports revealed there was still some comments made regarding Human Rights that are generalised however, these had been written by social work staff not day centre staff. It was clear day centre staff had improved their practice and their planning was incorporating human rights issues.</p>	Compliant

Standard 7 - Individual service user records and reporting arrangements:

Records are kept on each service user's situation, actions taken by staff and reports made to others.

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.</p>	
Provider's Self-Assessment:	
<p>All staff within Manor Centre are aware of their legal and ethical responsibility for all service user records held, created or used within their work whether paper based or electronic including e-mails. Staff are required to be aware of the SH&SC Trust policies and procedures on records management, confidentiality and IT security, as well as an awareness of the Data protection Act 1998, Code of practice on protecting the confidentiality of service users information (DHSSPSNI 2012) , Minimum Day Care Standards,(DHSSPSNI, 2012) and NISCC code of practice. Staff to seek advice if in doubt. Staff are also reminded of their responsibility/requirement to maintain confidentiality and Data protection in line with legislation and Trust policy at their KSF PDP review meeting. Staff must ensure that service user information is only shared on a need to know basis. Staff store information safely and securely within Manor Centre.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>A sample of four individual service user records in respect of each service user, were as described in schedule 4. Arrangements for confidentiality were clear in policies and procedures pertaining to the service user and representatives access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and were available for staff reference. Recording practices and storage of service user information was reflective of current national, regional and locally agreed protocols re confidentiality and the centre's policies and procedures reflect current DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user's personal information commensurate with their role and responsibility. Discussion with service users and representatives confirmed they are informed regarding confidentiality and recording practices in the day care setting.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Service Users are involved and contribute to their Day Care Application, Day care Assessment, Care plan, Multi-disciplinary Review and this is evidenced by their signature. Where appropriate and with consent day care staff /Community Key worker will share these individual records with the service user representative.</p> <p>All requests for service user records should be actioned without delay in accordance with SHSCT Data Protection guidance note ' subject access requests for social services records' . A copy of access to records form is forwarded to information governance team, to monitor progress of request under the Data Protection Act 1998. A record of all requests for access to individual service user records and their outcomes will be maintained.</p> <p>To date no requests have been received in Manor Centre.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Policies and procedures regarding consent and access to records are put into practice, for example, service users are informed regarding the information the day centre keeps on them and maintains. This is also shown to service users and their representatives during review meetings. The service users and representatives are given information about records in the day centre and their right to confidentiality when they start in the centre; this was confirmed during the inspection by service users and their representatives.</p> <p>Discussion with staff working in the centre validated they are aware of service users’ rights to see records and how they can access them.</p>	<p>Compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider’s Self-Assessment:	
Individual files which are maintained for and with each service user include detailed information as outlined in the list above (7.4)	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>Examination of a sample of six service user individual records evidenced the above records and notes are available and maintained. Relevant policies and procedures regarding: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place for staff reference. Examination of a sample of six monitoring / regulation 28 reports demonstrated working practices are systematically audited in this regard. Case records and notes are updated as required, they presented as current, person centred, and generally the files were compliant with appendix 1 (The Day Care Setting Regulations (NI) 2007).</p> <p>Care reviews were taking place as described in standard 15, a small number had care management review information as well as the service led review. The quality of the record of review was commendable, it described where the service user was developing skill and ability and what areas could be worked on which provided a clear assessment of where outcomes were improving and how they could be improved in the day centre environment.</p>	Compliant
<p>Criterion Assessed:</p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>When no recordable events occur or if the service user is absent a record is made in a service user's file at least every five attendances.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>A sample of service user care records were examined and evidenced individual care records have a written entry at least once every five attendances for each individual service user, the quality of information was person centred and information is used for assessment, review and monitoring of outcomes.</p>	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment: There is guidance for staff on matters that need reported or referrals made using Trust policies ie SH&SCT Recording and Reporting Practices and SH&SCT Referrals to Health and Social Care Professionals.</p>	<p>Compliant</p>
<p>Inspection Findings: Staff had completed effective recording/record keeping training in 2012 and care planning and person centred thinking in 2010. Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place, are consistent with this criterion and are available for staff reference. Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. Discussion with service users and representatives confirmed they had been informed regarding information that may be reported or referred to other professionals, their consent was sought as was agreement of whom information should be reported to, ensuring it is reported to the right people and outcomes are recorded.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: Service User records are legible, accurate, up to date, signed and dated by the person making the entry in line with Minimum Day Care Standard 7 and SH&SCT Records Management Policy (Health Care Records 2.7.2). Service User records are periodically reviewed and signed-off by the registered manager.</p>	Substantially compliant
<p>Inspection Findings: Examination of a sample of six service user individual records provided evidence this criterion is being met and discussion with a sample of staff working in the centre confirmed their understanding of this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights**Theme of “overall human rights” assessment to include:****Regulation 14 (4) which states:**

The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

COMPLIANCE LEVEL**Provider’s Self-Assessment:**

Staff team are aware of the SH&SCT Management of Violence and Agression Procedure (March 2011) [currently being updated March 2014] and Guidance issued in 2005 by the DHSSPS on the use of Restraint and Seclusion. Currently there is no identified need to use restraint in Manor Centre for the Management of incidents of violence and aggression. However a number of service users have been assessed by Occupational Therapists and Physiotherapists to use a lap strap in their best interest to ensure their safety, due to a number of risk factors identified for example; their sitting balance being compromised, physical ability fluctuating or significant cognitive impairment. A service user wears elbow gaitors constantly to prevent self injury. Although this is considered as restrictive practice this is a planned intervention in the service users best interest which has been Risk Assessed by an Occupational Therapist and Physiotherapist and is recorded on the service user's Risk Assessment and Care Plan. The planned use of Restrictive Physical Intervention will be fully discussed at service users Multi-disciplinary Review Meeting with Assistant Manager or registered Manager in attendance

Substantially compliant

Inspection Findings:

Staff training records evidenced they completed disability equality and human rights training in 2013. Staff identified they do not have any service users who require behaviour management plans including restraint. There are use of mechanical restraints for service user’s safety and positioning. Staff ensure they maximise service user independence by giving opportunity to get out of their wheelchair while in the day care setting and supporting this with appropriate equipment and person centred practice. There is one behaviour chart in place for a service user however, this does not feature restraint and focuses on support; and helping the service user to realise the impact of behaviours and moods.

COMPLIANCE LEVEL

Substantially compliant

The inspector examined a selection of records including: a sample of three individual service users' records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. This did not reveal any concerns regarding compliance with this criterion.

Staff can access policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion and untoward incidents.

The human rights of service users was evidenced as considered when recording, planning and assessing however, in the review reports which are written by social workers there was no person centred examination of each service users' human rights. In the files the inspector examined the heading had been populated with a standard description of anybody’s human rights. This must be improved and a clear analysis of each individual service users' rights should be inserted to ensure individuals' rights are protected and not infringed. A requirement is made in this regard.

Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre confirmed their knowledge regarding the use of restraint or seclusion including how service users' human rights are protected if restraint or seclusion is planned for or when it is used reactively and this did not reveal any concerns. Furthermore staff discussed they are aware of the Deprivation of Liberty Safeguards (DOLS) – Interim Guidance and will integrate this into practice as necessary.

Discussion with service users and representatives confirmed they are informed regarding the potential use of a restriction and their views are sought when it is being planned for.

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>One service user in Manor Centre who is prone to significant extensor spasms and involuntary movements due to their physical condition wears Elbow Gaitors constantly to prevent self injury. Although this is considered a restrictive practice, it is a planned intervention which has been risk assessed by an Occupational Therapist and Physiotherapist in the service users best interest to preserve their health and wellbeing and is recorded on their Risk Assessment and Care plan.</p> <p>Currently there is no other identified need to use restraint in Manor Centre.</p> <p>If restraint is required the following protocol would be in place. A Psychologist must have assessed the service users behaviour, and deemed restraint necessary in order to protect the person, other service users and staff . A full risk assessment must also be completed and implemented.</p> <p>A written Protocol would be included in the service user's Care plan. Protocols would be fully agreed with the service user, all professionals and carers, and recorded appropriately. Staff would be trained in the appropriate use of restraint as outlined in the Trust's MOVA Policy and Procedure.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>No service users had been subject to restraint in this setting and interventions to manage behaviour had been consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 was available for staff information.</p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The registered manager ensures that at all times there is a suitably qualified, competent and experienced person working in Manor Centre. There is a defined management/organisational structure in place which can be viewed in the attached Statement of Purpose.</p> <p>A draft SH&SCT, Disability Division Day Care 'Procedure for assessing the Competency and Capability of staff assuming responsibility in the absence of the Registered Manager' [February 2014] is awaiting Senior Management approval and will then be introduced.</p>	<p>Provider to complete</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager for Manor centre is manager of three centres and spends approximately one day per week in this day care setting. The manager is nurse and social work qualified with 30 years of experience working with this service user group. In the manager's absence the assistant manager takes on delegated responsibilities on a day to day basis. He has over 20 years of experience working in day care with a range of service user groups. He is assisted by a day care worker who has extensive experience of working within disability services. The staffing structure is clearly detailed in the statement of purpose. Discussion with staff revealed they are clear regarding roles and responsibilities and an initial assessment of roles has been done. The trust had developed a Procedure for assessing the competency and capability of staff assuming responsibility in the absence of the registered manager however, this is a draft document and therefore the manager had not completed the full assessment with the assistant manager and day care worker at the time of the inspection. In this example the inspector was satisfied with evidence in place regarding competency and capability however it would be good practice to complete this.</p> <p>Observation during the inspection identified adequate staffing numbers were present across the day care setting during the inspection to meet the physical as well as social needs of the service users in the setting.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose, which are available for staff reference.</p> <p>Discussion with service users and representatives revealed they are aware of the assistant manager and day care worker arrangements to manage the day care setting on a daily basis and would speak to either of them if they required assistance from management of the day care setting.</p> <p>The assistant manager has commenced the QCF level 5 qualification which he commented had been informative and supported development of his role and responsibilities in this day care setting. Discussion with the assistant manager and day care worker provided a number of examples of how they are improving practice and outcomes for service users in this day care setting from involving member of the community in day care setting projects such as the creative writing project with the local school to developing person centred practices.</p>	<p>Compliant</p>

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Staff within Manor Centre are supervised in line with the Southern Trust Supervision Policy, Standards and Criteria for Social Care Workers and Minimum Day Care Standards [DHSSPSNI Jan 2012].</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector examined the training, supervision, appraisal and staff record of the staff left in charge of the day care setting in the registered manager's absence and this revealed compliance with this criterion. Discussion with the staff who have delegated responsibilities revealed they are used to the role and responsibilities, have been given opportunity to develop competency and are supported by their manager, they work well together and there is good communication with their manager. Inspection of records, discussion and observations during this inspection supported these statements.</p>	<p>Compliant</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>All staff have qualifications, training, skills and experience necessary for the work in Manor Centre. This is evidenced in Manor Centre Statement of Purpose and the Staff Training Matrix. Training needs are identified through supervision and KSF PDP reviews.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>As detailed in the above criterion the inspector examined the professional registration, qualifications and experience of the registered manager, assistant manager and day care worker and this did not reveal any concerns in terms of this criterion. The inspector sampled the training, supervision, appraisal arrangements and records which did not reveal any concerns regarding compliance or the quality of practice in this regard.</p> <p>Discussion with staff validated their knowledge commensurate with their role and responsibilities and they were confident regarding their qualifications, experience and training which prepares them to undertake their role and responsibility.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified four complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the management of the issues of dissatisfaction raised which had been locally resolved and outcomes recorded. One complaint had been recorded for 2014 and similarly the examination of the record did not reveal any concerns.

Service User Files

Three service user files were reviewed as part of this inspection, this did not reveal any areas for improvement and the files presented as consistent with schedule 4.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

Statement of Purpose and Service Users' Guide

These documents were submitted for this inspection and reference to them during the inspection did not reveal any concerns

Monthly Monitoring Reports

The inspector viewed the monitoring reports from November 2013 to April 2014 and this did not reveal any concerns.

Incidents

The inspector sampled the incident and accident reports recorded from November 2013 to April 2014 and this did not reveal any concerns.

Environment

The inspector walked around the day care setting and noted improvements had been made to the flooring since the last inspection, the décor was bright and well maintained and the rear garden was being developed by service users. Service users' had fundraised for an audio visual screen in the large group room and a new mosaic project was underway for the rear garden. Feedback from staff and service users was that the environment was an important part of the day care setting and service users taking part in projects to improve the environment helped them to feel the centre belongs to them and is a person centred environment.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Margaret (Mairead) Murphy as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Manor Centre

20 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Margaret (Mairead) Murphy either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15 (a)	<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>	First	<p>The Registered Manager and Assistant Manager have contacted the Social Work Team Leader on 04.07.14 to ensure that all Trust staff involved in the recording, planning and assessing the Human Rights of service users is completed individually for each service user. This included forwarding relevant sections of RQIA Inspection Report / QIP, HPSS Human Rights Guidance on Restraint and Seclusion (2005) and DOLS interim guidance circular. Manager / Assistant Manager will audit and quality assure Day Care service user documentation to ensure a clear analysis of each Individuals service users rights are inserted.</p>	15 July 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

Name of Registered Manager Completing Qip	Mairead Murphy
Name of Responsible Person / Identified Responsible Person Approving Qip	Miceal Crilly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	29 July 2014
Further information requested from provider			