

# Inspection Report

## 25 November 2021



## Manor Centre

Type of service: Day Care Setting  
Address: Manor Drive, Lurgan, BT66 8QD  
Telephone number: 028 3832 8896

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust (SHSCT)	<b>Registered Manager:</b> Mr Darren Campbell
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> 17 June 2019
<b>Person in charge at the time of inspection:</b> Mr Darren Campbell	
<b>Brief description of the accommodation/how the service operates:</b> Manor Centre is a day care setting that is registered to provide care and day time activities for up to 44 people with learning disabilities. The day care setting is open Monday to Friday and is managed by the SHSCT.	

## 2.0 Inspection summary

An unannounced care inspection took place on 25 November 2021 from 10.00 a.m. to 4.30 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to monitoring the professional registration of staff; management of accidents and incidents, the provision of person centred care, communication between service users, staff and other key stakeholders and staff training.

Two areas requiring improvement were identified in relation to the completion of quality monitoring reports and infection prevention and control arrangements.

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

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services.

Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

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

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC and the NMC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Nine responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager, assistant manager and three day care workers at the conclusion of the inspection.

#### **4.0 What people told us about the service**

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with four service users and seven staff including the manager.

#### **Comments received during the inspection process included:**

##### **Service users' comments:**

- "We do fun things in the centre."
- "Lovely staff and they are good to me."
- "I like doing puzzles and painting."
- "Staff are nice and I like all the staff."
- "I have no problems here."

**Staff comments:**

- “Covid-19 risks are managed really well in the centre.”
- “We put great emphasis on SALT recommendations and at all times ensure service users get the right meal.”
- “Adult safeguarding is everybody’s responsibility and it is extremely important that any concerns are reported immediately.”
- “I am aware what is considered a restrictive practice.”
- “Good sharing of information and good communication.”
- “We encourage all service users to voice their views and they have choice in their day.”

**5.0 The inspection****5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Manor Centre was undertaken on 18 December 2020 by a care inspector; no areas for improvement were identified.

**5.2 Inspection findings****5.2.1 Are there systems in place for identifying and addressing risks?**

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

Discussions with the manager and staff revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. There were no current adult safeguarding investigations within the day care setting at the time of the inspection however, review of one recent adult safeguarding referral made by the setting identified that they responded appropriately. The staff had promptly referred the allegation to relevant persons for investigation in accordance with safeguarding procedures.

In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users’ wellbeing and poor practice, and were confident of an appropriate management response.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care

being provided. The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

The day care worker described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the day care worker that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

The day care setting's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager, senior manager and the SHSCT governance department. A review of a sample of these records and discussion with the manager evidenced that incident and accidents were managed appropriately.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff, the manager and assistant manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

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

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. This included DoLS training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager advised that discussions were ongoing with Trust key workers in regards to practices that may be potentially restrictive.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. The discussion with the day care worker confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users.

We identified a number of issues that were not in accordance with infection prevention and control best practice guidance. Continence pads were removed from their packaging and aprons, service user single use wipes and service user clothes protectors were stored uncovered in a bathroom. An area for improvement was made in this regard.

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

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that one service user had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff, including catering staff, had undertaken dysphagia training.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards and that checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were registered with NISCC and/or the NMC, as appropriate. Information regarding registration details and renewal dates was monitored by the manager. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC and/or the NMC, as appropriate. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the centre does not use volunteers or voluntary workers.

#### **5.2.4 Are there robust governance processes in place?**

The Regulation 28 quality monitoring reports were available to be examined since the last inspection. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

Review of the quality monitoring reports identified that visits had not been undertaken in May 2021 and in August 2021. RQIA acknowledges from May 2017, the SHSCT implemented an alternative approach to assuring quality monitoring; this meant that eleven visits were undertaken instead of the required twelve. This arrangement had not been met. An area for improvement was made in this regard.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that one complaint was received since the date of the last inspection. The complaint related to an outside organisation and the complainant had requested the manager escalate their concerns to the relevant personnel. A review of complaints record and discussion with the manager evidenced that this complaint was managed appropriately.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).



## 6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

Two areas requiring improvement were identified in relation to the completion of quality monitoring reports and infection prevention and control arrangements.

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

## 7.0 Quality Improvement Plan/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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Darren Campbell, Manager, the assistant manager and three day care workers as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection in the day care setting.</p> <p>Matters as detailed below should be addressed with immediate effect:</p> <ul style="list-style-type: none"> <li>• continence pads should be stored in their original packaging until required for use</li> <li>• aprons, service user single use wipes and service user clothes protectors should not be stored uncovered in bathrooms</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Current IPC audit template has been reviewed and amended to include safe storage and monitoring of service user continence products, aprons, single use wipes and clothes protectors. These actions have been highlighted and reinforced with all staff team members as has the individual and collective responsibility for daily checks and full IPC compliance. Formal unannounced IPC audits continue in the centre fortnightly.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 28 (1) (2) (3) (4) (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person must ensure that the quality monitoring visits are undertaken at least once a month or as agreed with the Regulation and Improvement Authority.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Monitoring officer and their line manager have been contacted regarding missed monitoring visits and assurances sought regarding compliance with Regulation 28 of The Day Care Setting Regulations. As an additional safeguard Day Care Manager records and audits dates of monthly monitoring visits in advance of receiving the monthly monitoring report.</p>

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