

# Announced Premises Inspection Report 21 March 2017



## Manor Centre

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

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Manor Centre took place on 21 March 2017 from 10:30hrs to 11:30hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care. However one issue was identified for attention by the registered provider. Reference should be made to section 4.4.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Margaret Murphy, Registered Manager, Mr Melvyn Purdy, Assistant Manager and Mr Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust, 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 30 June 2016.

## 2.0 Service Details

<b>Registered Provider/Responsible Person:</b> Southern Health and Social Care Trust/Mr. Francis Rice	<b>Registered manager:</b> Mrs Margaret Murphy
<b>Person in charge of the establishment at the time of inspection:</b> Mrs Margaret Murphy, Registered Manager	<b>Date manager registered:</b>
<b>Categories of care:</b> DCS-PH, DCS-SI	<b>Number of registered places:</b> 23

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 30 June 2016
- The notifications log (No notifications)
- The concerns log (No concerns).

During this premises inspection discussions took place with the following people:

- Mrs. Margaret Murphy, Registered Manager
- Mr. Melvyn Purdy, Assistant Manager
- Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection on 30 June 2016

The most recent inspection of this day care setting was an announced premises inspection IN026888 on 30 June 2016. The completed QIP for this inspection was returned to RQIA on 26 August 2016 and approved by the estates inspector on 26 August 2016. Reference should be made to section 4.2 below for further details.

### 4.2 Review of requirements and recommendations from the last premises inspection on 30 June 2016

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulations 14 & 26 <b>Stated:</b> First time	Confirmation in relation to testing water samples should be confirmed to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The results for the water samples were confirmed to RQIA. These results were satisfactory.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 26 <b>Stated:</b> First time	Completion of the remaining issues from the fire risk assessment should be confirmed to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Completion of the remaining issues from the fire risk assessment was confirmed to RQIA.	
<b>Requirement 3</b> <b>Ref:</b> Regulations 14 & 26 <b>Stated:</b> First time	Confirmation that the blended hot water at the shower is controlled with a DO8 Type 3 fail-safe thermostatic mixing valve should be provided to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This confirmation was provided to RQIA.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 4</b> <b>Ref:</b> Regulations 14 & 26 <b>Stated:</b> First time	Confirmation should be provided in relation to the completion of the issues identified for attention in the report for the legionella risk assessment.	Met
	<b>Action taken as confirmed during the inspection:</b> This confirmation was provided to RQIA.	
Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 25 <b>Stated:</b> First time	Completion of the deep clean of the premises should be confirmed to RQIA. The galvanised computer trunking in the activity room adjacent to the dining room should also be painted.	Met
	<b>Action taken as confirmed during the inspection:</b> These issues had been addressed.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 25 <b>Stated:</b> First time	Completion of the work to fit the two radiator covers should be confirmed to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> These radiator covers had been fitted.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 25 <b>Stated:</b> First time	A floor plan drawing for the premises indicating the proposed use for each room should be forwarded to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> This drawing was forwarded to RQIA.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	Confirmation in relation to the two items of electrical equipment that failed the inspection and test should be provided to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> The most recent inspection and test to the electrical equipment was carried out on 31 May 2016 with satisfactory results.	

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The report for the most recent monthly check in relation to the legionella controls indicated that the temperature of the unblended hot water was below the current 55°C standard. This issue should be resolved. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. The call system in the premises currently only covers the toilets. The call system should be extended to include all areas of the premises particularly in relation to staff to staff communications. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
3. It was noted that one service user smokes. A member of staff is always present when this service user is smoking. It was agreed that a fire blanket would be provided in an easily accessible location in close proximity to the area that is used for smoking. It was also agreed that minor adjustment would be carried out to the double doors to the Amber activity room to ensure that the gap between the meeting edges is fully smoke sealed.
4. The fire detection and alarm system was inspected and serviced with a satisfactory outcome on 05 February 2017. A fire drill was carried out in September 2016. Mr. Purdy also confirmed that Fire safety training was provided in April 2016 and arrangements had been made for further fire safety training to be provided in April 2017.
5. It was noted that the door to one of the offices was wedged open. This was however removed immediately.
6. Arrangements had been made to remove the sink from the Ruby Quiet Room 1. It was also agreed that the need to fit a guard to the radiator in this room would be considered.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

#### Areas for improvement

- Improvements had been made recently to the toilet and washing facilities in the premises. The original male and female toilets are however now in need of review. It is understood that plans are currently in hand to take this issue forward. RQIA would fully support this initiative. RQIA should be kept up to date with progress in relation to the plans for the improvements to these toilets.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor where appropriate. Plans are in hand to carry out further improvements to the garden facilities to the rear of the premises in the near future. This is to be commended.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Margaret Murphy, Registered Manager, Mr Melvyn Purdy, Assistant Manager and Mr Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

#### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007

#### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards (DHSSPS, 2012). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.



### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulations  
14 & 26

**Stated:** First time

**To be completed by:**  
21 April 2017

The issue in relation to the temperature of the unblended hot water should be resolved.

**Response by registered provider detailing the actions taken:**

Estates Compliance Officer [JH] confirmed that an on-going investigation in relation to the temperature of the unblended hot water will be completed and resolved by the end of April 2017.

### Recommendations

#### Recommendation 1

**Ref:** Standards  
25 & 27

**Stated:** First time

**To be completed by:**  
16 June 2017

The call system should be extended to include all areas of the premises particularly in relation to staff to staff communications.

**Response by registered provider detailing the actions taken:**

A minor works request form has been forwarded to Assistant Director for approval of the above works. Estates Compliance Officer [JH] is seeking costs for an appropriate call system following which a decision will be made on the most effective procurement route.

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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