The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Manor Centre**

Provider: **Southern Health and Social Care Trust**

Date of Inspection: **5 November 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Southern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mr Darren Campbell
Service Profile – Manor Centre is a day care setting that is registered to provide care and day time activities for up to 23 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 inspection took place on 5 November 2025 between 10.10 am and 4.10 pm by a care Inspector.

The last care inspection of the day care setting was undertaken to evidence how the day care setting is performing in relation to the regulations and standards and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 12 December 2024. The inspection also sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Service users were observed to be enjoying the arranged activities and some spoke positively about a recent outing. Service users said that that attending the Manor Centre was a good experience.

Good practice was identified in relation to service user involvement and care records. There were good governance arrangements in place.

The inspection established that safe, effective and compassionate care was delivered to service users, and that the day care setting was well led.

As a result of this inspection the previous areas for improvement relating to Deprivation of Liberty Documentation and restrictive practices were deemed to have been fully addressed by the provider. Refer to Section 4.2 for more details. There were no new areas for improvement identified during this inspection. Details and examples of the inspection findings can be found in the main body of the report.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information, any previous areas for improvement and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those attending and working within the day care setting and review a sample of records to evidence how the day care setting
is performing to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

3.2 What people told us about the service

We spoke to a number of service users, relatives, staff and healthcare professionals to seek their views of attending and working within the day care setting.

Service users said that they were happy with the care and support provided at the day care setting. Comments made to the inspector by those attending the Manor Centre included the following statements: "I like it" and "I went to the leisure centre - it was good".

Returned questionnaires reported mixed views and whilst all indicated that service users enjoyed attending the Manor Centre, some felt that communication with staff in the centre could be improved and advocated for the use of communication books. This was discussed with the manager who highlighted that due to data protection policy, communication books are no longer used however they agreed to ensure that other means of communicating with the centre are made clear to relatives and representatives. Other respondents indicated that they were satisfied or very satisfied that the service provided safe, compassionate and effective care and that the service was well led.

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved one and felt that they could approach the staff with any concerns they had if they needed to. Comments made by those who spoke with the inspector included the following statements: "Its' been an absolute God-send" and, "the staff are brilliant – they are all really kind and caring". Staff who spoke with the inspector spoke positively about the care delivery, training and management support in the day care setting.

Healthcare professionals who provided feedback on the service indicated that they were satisfied with the care provided to service users, that communication with staff was good and that the staff were responsive to advice given and implemented any recommendations. Comments received indicated that the care provided in the centre was good, that there was good range of activities going on for service users and that the service was well led.

4.0 Inspection findings

4.1 Adult Safeguarding and Incident Reporting

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 established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. It was positive to note that safeguarding incidents were recorded on a monthly tracker to enable swift identification of trends. A review of records confirmed that these had been managed appropriately.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). Incidents and accidents which occurred since last inspection had been managed appropriately and any learning or changes arising had been embedded into practice.

4.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

At the previous inspection, an area for improvement was made in relation to Deprivation of Liberty Safeguards (DoLS) documentation. On review of DoLS records it was good to note that a register was in place to record all DoLS authorisations and there was evidence that this was regularly reviewed. Where there was any outstanding documentation, this was actively followed up with the appropriate professionals in an effort to ensure all records remained up to date. On this basis the area for improvement was deemed to have been addressed by the provider.

An area for improvement highlighted during the previous inspection related to the recording and review of restrictive practices. There was a policy in place for the use of restrictive interventions and it was positive to note that a register was in place to record and keep all restrictive practices under regular review. This noted input from the multidisciplinary team to ensure that any restrictive interventions are not utilised for longer than is deemed necessary for the safety and well-being of the individual. On this basis the area for improvement was assessed as met by the provider.

4.3 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Staff indicated that there was safe staffing and good teamwork to ensure service users' needs were safely met at all times. There were no volunteers deployed within the day care setting.

A review of the day care setting's staff recruitment records of employees recruited since the last inspection identified that a staff member currently employed within the day care setting had transferred internally without renewed enhanced Access NI checks having been completed. A discussion took place with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for the monitoring of professional registrations by the manager. Staff who spoke with the inspector confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was evidence that the induction programme for all new staff included shadowing of a more experienced staff member. Written records were retained regarding the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to their caring roles and advised that they found the training was beneficial in helping them to carry out their duties safely. Staff said there were opportunities for further staff development and training.

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All day care staff had been provided with training in relation to medicines management which was refreshed every two years and included a competency assessment which was completed before a staff member was deemed competent in assisting with this task.

4.4 Dysphagia Management

A number of service users had been assessed by a Speech and Language Therapist (SALT) who put in place recommendations regarding the consistency of their food and fluids. Staff were familiar with how food and fluids should be modified and followed a clear programme for each service user with SALT requirements to ensure the care received in the setting was safe and effective. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff demonstrated good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

4.5 Care Records and Service User Input

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care plans contained details about their likes and dislikes and the level of support they may require. These are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in line with the commissioning Trust's requirements. A review of a selection of care records identified that moving and handling risk assessments and care plans were up to date.

The day care setting had service user advocacy meetings on a monthly basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. It was positive to note that information of interest to service users was displayed on information boards within the centre and in a reference folder. A review of the minutes of the service user's meetings found that these were documented in a suitable format and included pictures of activities that service users had previously enjoyed. Activities included bus trips, seasonal arts and crafts, watching dvds, sensory activities, singing karaoke, fitness activities and visits from the ice cream van.

4.6 Quality and Management of the Environment

The day care setting presented a welcoming environment that was brightly decorated with seasonal art projects which service users had completed. The centre was observed to be clean and tidy and suitably furnished, warm and comfortable and free of clutter. There was evidence that fire safety checks had been completed as required. Staff had completed training in fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

4.7 Governance and Managerial Oversight

There were monthly monitoring arrangements in place in compliance with the regulations and standards and a review of the reports of established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; staff recruitment and training, staffing arrangements and NISCC registration checks for staff. The number of accident/incidents were recorded however the number of safeguarding concerns were not included within a sample of monthly monitoring reports reviewed. This was discussed with the manager and assurances given that this would be rectified for future reports. This will be reviewed at a future inspection.

The day care setting's registration certificate was up to date and displayed.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The manager advised that no complaints had been received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend and procedures for staff to check the vehicle after each journey to ensure that no service users remain on the transport.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Darren Campbell, Registered Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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