

Inspection Report

Name of Service: Manor Healthcare
Provider: Manor Healthcare Ltd
Date of Inspection: 16 December 2024

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:	Manor Healthcare Ltd
Responsible Individual:	Mr Eoghain King
Registered Manager:	Ms. Lauren McFerran
Service Profile: Manor Healthcare is a domiciliary care agency of a support living type which provides care and support to adults with a learning disability. A team of 64 staff provide care, 24 hours a day, to ten service users living in three houses in the Templepatrick area.	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2024, between 9.45 a.m. and 4.15 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also determined if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection established that safe, effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency's quality systems; such as the provision of activities; the care plans and the care records; the assessment of needs, service user agreements and tenancy agreements; the management of safeguarding and incident records; and the annual quality report.

Service users were observed to be relaxed and comfortable in their interactions with staff.

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 service 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 the service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the service; and review/examine a sample of records to evidence how the service is performing in relation 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 survey.

3.2 What people told us about the service and their quality of life

We spoke with the service users and staff to seek their opinions on the quality of the care and support, their experiences of living, or working in Manor Healthcare.

Through actively listening to service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users were observed to be relaxed and comfortable in their interactions with staff and indicated that they were happy with the care and support they receive.

Staff spoken with raised concerns regarding the size of the communal shared area within one of the identified bungalows. This matter was discussed with the manager and it was identified that there was an underutilised second sitting room available within the bungalow. The manager agreed to discuss this matter with staff.

We did not receive any responses to the questionnaires or the staff online survey.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 5 May 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13(d); Schedule 3	The registered person must ensure that the selection and recruitment process is robust and all pre-employment checks are obtained prior to an employment start date being provided. This relates to gaps in employment being explained and references being obtained from the current or most recent employer.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 12.4	The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This is in relation to DoLS and Dysphagia training.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

3.4 Inspection findings

3.4.1 Staffing arrangements

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.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date.

There were good systems in place to manage staffing. There were enough staff on duty to help the service users.

Staff said they felt well supported in their role and that they were satisfied with the staffing levels.

3.4.2 Care Delivery

There was a communication book in place which staff were required to read every day. The communication book included information about the service users, especially changes to care, that they needed to assist them in their roles.

Staff interactions with service users were observed to be friendly and supportive. However, a number of staff raised concerns regarding the communal shared area within an identified bungalow which they described as being too small for the number of service users and staff. As discussed in section 3.2, this matter was discussed with the manager who agreed that an underutilised room within the bungalow would be made available for the staff to assist service users with activities. Staff spoken with stated that there were not many activities they could support service users with, due to the lack of transport arrangements; and that opportunities to support the service users with activities were limited due to the communal area having too many people in it at the same time.

Review of care records identified that the care plans relating to activities were not person centred and did not provide sufficient detail for staff regarding the service users' wishes, preferences or daily routines. Review of the activities book identified that there was little evidence of varied activities provided; and there was no evidence that the provision of activities had been audited. A number of areas for improvement have been identified in relation to the provision of activities.

3.4.3 Management of Care Records

Service users' needs should be assessed within two days of moving to the service. The Assessment of Need was not consistently completed within this timeframe and a number were not available within the care records reviewed. An area for improvement has been identified.

Service User Agreements should be signed by service users or their representatives within five days of service users moving to the service and reviewed on an annual basis if there are any changes made. Review of the Service User Agreements identified that they were not consistently signed by the service users and/or their representatives.

The Service User Agreements should be retained within the registered office, and should provide a detailed breakdown of the care, support and utility charges for each service user. Charges for single occupancy bungalows did not provide a breakdown of the utility costs and there were discrepancies between the utility charges for similar sized bungalows. RQIA is aware that the Northern Health and Social Care Trust (NHSCT) was previously involved in agreeing the care, support and utility charge for service users and that the utility bills for the previous year were used to create a charge for utilities which was split evenly among the service users within each dwelling. An area for improvement has been identified to ensure this is reviewed.

An area for improvement has also been identified to ensure that Tenancy Agreements are signed by service users and or their representatives.

The care plans were not person centred and had not been updated following changes in the service users' needs. For instance, where a service user needed help with attending to their personal care, this information was not included in the care plan. It was also noted that where an incident report had been completed, in relation to a fall or a swallowing incident, there were no updates recorded within the care plans. Whilst there was some evidence that service users, were involved in planning their own care, the care plans were not consistently signed by the service users or their relatives, if this was appropriate. Trust care plans were not consistently in place; and reports of care reviews with Trust representatives were not consistently in place. A number of areas from improvement have been identified.

The daily notes completed by staff within the service users' homes need to be returned to the registered office on a regular basis, to enable timely audit by the manager. An area for improvement has been identified.

Whilst there was some information available in relation to Consent, discussion took place regarding ways in which this could be improved upon. This advice was welcomed by the manager and it was agreed that this aspect of documentation would be reviewed at a future inspection.

3.4.4 Quality of Management Systems

Ms Lauren McFerran has been the Registered Manager since 6 November 2019. Staff commented positively about the manager.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care and staff practice. Advice was given in relation to ensuring the contact details for Trust professionals was up to date and available to the person completing the monthly quality monitoring reports.

There was an Adult Safeguarding Champion who completed an Annual Safeguarding Position report every year. Advice was given to the manager in relation to the need to retain a centralised system for safeguarding referrals and associated reports. An area for improvement has been identified.

Additionally, the incident/accident reporting system should be further developed to ensure that there is a record of timely follow up with multidisciplinary professionals, as appropriate and that incidents are reported to the Trust keyworkers in keeping with the Trust requirements. An area for improvement has been identified.

The annual quality report was viewed. It was noted that the report did not include the views of service users or staff members. An area for improvement has been identified.

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 professional registrations to be monitored by the manager.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	10

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lauren McFerran, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 14(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that the provision of activities for service users is reviewed and implemented.</p> <p>Ref: 3.4.2</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure that person centred activities are facilitated. Service user involvement in activities will be planned by 1:1 conversation and activity programmes. Activities will be recorded in the service user's personal records.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (3)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that care plans for activities and social outings are person-centred and up to date.</p> <p>Ref: 3.4.2</p> <p>Response by registered person detailing the actions taken: Service user care plans have been reviewed to ensure preferred activity choices and discussions around activities are reflected in the activity section of personal careplan and reviewed as required.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the care plans are person-centred and reflective of the level of support service users need; the care plans should also be updated following any incidents or in response to changes in the service users' needs; and care plans should be signed by service users and or their representatives, as appropriate.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: Care plans have been reviewed to outline the required level of support needed from staff with daily tasks and care needs. Care plans will be reviewed as required by key worker and audited quarterly by management. The accident/incident book will be audited by management when on site to ensure appropriate notifications to other professionals/relatives are made in a timely manner. A monthly audit of accident/incidents will be completed by management.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that support workers are able to articulate their role in the provision of activities for service users.</p> <p>Ref: 3.4.2</p> <p>Response by registered person detailing the actions taken: Supervision has been completed with support staff to outline their role in facilitating person centred activities and record keeping of activities.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall develop a system of auditing care records, specifically in relation to ensuring care plans on activities and social outings are person-centred and up to date; and the review of daily notes should be included in the audits, to ensure that the provision of activities is recorded.</p> <p>Ref: 3.4.2</p> <p>Response by registered person detailing the actions taken: Management have commenced monthly audits of daily statements to ensure activities are being facilitated and that choice and participation of activities is recorded in the service user's care plan.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the Assessment of Need is completed within two days of the service user moving to the service and or as service users' needs change.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: For future admissions to Manor Healthcare Domiciliary Care the management / key worker will complete an assessment of need within 2 days of admission. Changes to service user's needs will be reflected in their care records as required at time of change and communicated to support staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.3</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The Service User Agreements should be reviewed to include a detailed breakdown of the care, support and utility charges for each service user; and confirmation should be sought from the NHSCT to ascertain if the same charging system is in place since 2018 and that the charges have been agreed with the Trust.</p> <p>Ref: 3.4.3</p>

<p>Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: Service User Agreements currently detail the support required and utility charges in easy read version where appropriate. The Service User agreement will be reviewed and amended to include an overview of the level of care provided and will clearly state that this element of support is funded by the commissioning Trust.</p> <p>The charging system as agreed with the NHSCT in 2018 continues and confirmation from the NHST has been sought.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that Tenancy Agreements are signed by service users and or their representatives.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: Tenancy agreements will be signed by service user, or their representative and stored in the domiciliary care office.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that Trust care plans are in place; and that reports of care reviews with Trust representatives are retained in the service users' records.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: A copy of Trust care plans and Trust reviews will be filed alongside our own care plans. Any outstanding documentation will be requested by the registered manager from Trust representatives.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the daily notes completed by staff within the service users' homes are returned to the registered office on a regular basis, to enable timely audit by the manager; records of the audits and any actions arising should be retained.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: Care records will be audited monthly and stored in the domiciliary care office. Audit records will also be completed and stored.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that any safeguarding referrals and associated reports/documents are held centrally within the registered office.</p> <p>Ref: 3.4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Paper copies of completed safeguarding records will be filed and retained in domiciliary care office.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 8.16</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall consider developing the incident/accident reporting system to ensure that there is a record of timely follow up with multidisciplinary professionals, as appropriate and that incidents are reported to the Trust keyworkers in keeping with the Trust requirements.</p> <p>Ref: 3.4.4</p> <hr/> <p>Response by registered person detailing the actions taken: The accident/incident book is now audited by management when on site to ensure appropriate notifications to other professionals/relatives are made in a timely manner. A monthly audit of accident/incidents is completed by management.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2025</p>	<p>The registered person shall ensure that the annual quality report includes the views of service users or staff members.</p> <p>Ref: 3.4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Future annual reviews will include the views of service users and staff.</p>

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