

Unannounced Care Inspection Report

20 October 2016



Manor Court

Type of service: Residential care home
Address: Sloan Street, Lurgan, Craigavon, BT66 8NR
Tel no: 028 3832 9586
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Manor Court took place on 20 October 2016 from 10:30 to 17.55.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment. No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders. One requirement was made in regard to the completion and review of falls risk assessments for two identified residents.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships. No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Helen Mc Kinley, senior carer, as part of the inspection process. The registered manager, Carol McCoy, was present for a short period towards the end of the inspection. 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 3 June 2016.

2.0 Service details

Registered organisation/registered person: Fold Housing Association	Registered manager: Carol McCoy
Person in charge of the home at the time of inspection: Helen Mc Kinley	Date manager registered: 21 November 2013
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 41

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan, and the previous inspection report.

During the inspection the inspector met with 18 residents, two care staff and two senior care staff. The registered manager was present for a short time towards the end of the inspection.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report

- Minutes of recent residents'/ representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Seven questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 June 2016.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 3 June 2016.

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time	The registered person should ensure that the bedrooms in the Nightingale facility are repainted and improved upon.	Met
	Action taken as confirmed during the inspection: The bedrooms in Nightingale Lodge had been repainted.	
Recommendation 2 Ref: Regulation 11 Stated: First time	The registered person should contact the referring trust to request a post admission review for the identified resident.	Met
	Action taken as confirmed during the inspection: The person in charge confirmed to the inspector that a review had been arranged. Information available in the home confirmed this.	

4.3 Is care safe?

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Two staff shared that the presence of a “floating” member of staff was much relied upon in the mornings as this can be a particularly busy period. The registered manager was present towards the end of the inspection and staffing levels were discussed. The registered manager confirmed staffing levels were being consistently monitored to ensure the needs of residents are met at all times.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The registered manager confirmed that all supervision sessions would be completed within the identified timescale.

The person in charge confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the person in charge confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation’s personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The person in charge reported there had been no recent safeguarding issues in the home. The person in charge confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The person in charge confirmed there were restrictive practices employed within the home, notably an electronic entry system and the use of pressure alarm mats/cushions. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The person in charge confirmed there were risk management policy and procedures in place. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety etc.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Hand washing audits were completed on a regular basis ensuring good practice amongst staff.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the person in charge confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 27 August 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 6 October 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Seven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received within completed and returned questionnaires were as follows:

- Staff are very quick to notice any changes in my (relative) and therefore (any illness) receive prompt attention. Any stumbles are quickly reported to next of kin.
- My (relative) has been in Manor Court for over seven years and he/she has always been treated very well by staff.
- Very safe and good care.
- Feel very safe.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records showed that they included an up to date assessment of needs, life history, care plans and daily/regular statement of health and well-being of the resident. It was noted, however, that one record did not contain a fully completed falls risk assessment for an identified resident, whilst the falls risk assessment of a second identified resident was last reviewed in May 2015. A requirement was made that the falls risk assessments is completed and reviewed as necessary for the identified residents. These should be reviewed whenever a change has occurred and in any case no less than annually.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example, residents were encouraged to maintain interests such as reading and knitting. Residents were also encouraged to share their views about the home with staff and the registered manager.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The person in charge confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), catering and hand washing were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. For example, comments were sought from resident on a regular basis regarding the food provided by the home. This information was then used when planning menus. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The person in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection. Information was displayed on a central notice board in the home outlining the dates of resident and representative meetings in advance to encourage representatives to attend.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Seven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received in completed questionnaires from residents, resident's representatives and staff included:

- Very happy, well cared for.
- Quite satisfied
- Few relatives attend residents meetings and as a greater percentage of residents have some cognitive impairment it would be helpful if other relatives made their views known.

Areas for improvement

One area for improvement was identified in relation to the completion and review of falls risk assessments for two identified residents.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

The person in charge confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example, menu boards were completed and displayed in a central part of the home and also in each dining room. Signage was in place to identify bathroom areas and also orientation information was displayed in the living room area of the home.

The person in charge, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to describe how residents' confidentiality was protected, for example discussing residents care needs in the office with door closed.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents and/or their representatives were sought and taken into account in all matters affecting them, for example residents' meetings, suggestion box and annual care reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. A copy of the report was available on a notice board in a central part of the home. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example day trips out, quizzes, arts and crafts. Residents are also supported to go out for coffee, visit local shops, and participate in church services in the home. Staff confirmed that local choir groups would regularly visit the home. A fashion show was also arranged in the home for residents.

Residents spoken with during the inspection made the following comments:

- “This is a really lovely place, the staff are all so kind, I can’t complain about anything.”
- “We are well cared for here, everyone is very good.”
- “This is a great place, we have all that we need.”
- “I couldn’t ask for better, honestly, everybody goes out of their way to help.”
- “It is spotlessly clean and the staff are all very down to earth. The food is good, what more could you want?”
- “There are too many activities; we are spoilt for choice, there’s too much to do”.
- “They (staff) are all very good, you couldn’t ask for better.”
- “I like coming here. It is a good place.”
- “I like it, the food is good, I like going to the cinema. Staff are all nice.”
- “I haven’t been here for a long time. I was a bit nervous but people couldn’t have been kinder. I can choose to stay in company or go to my room if I want privacy. Staff are very caring.”

Seven completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from some completed questionnaires were as follows:

- Staff are very compassionate and provide good care.
- Very well cared for.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The senior carer outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. The results from the surveys were clearly displayed on a central notice board in the home.

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example diabetes management, dementia awareness and oral hygiene.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The benefit of ensuring responses gathered from residents and contained within the monthly monitoring reports as being anonymised to ensure confidentiality was discussed with the person in charge.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The person in charge confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were also

open and transparent methods of working and effective working relationships with internal and external stakeholders.

Seven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from completed questionnaires were as follows:

- Well cared for staff are very good.
- The manager and senior staff are all approachable.
- Staff always hear about the negative things that has happened, but they should also hear about the positive sides of the care they provide as they are all caring and do a great job.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Helen McKinley, person in charge, 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 residential care home. 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 provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment 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: Regulation 15.(2)
(b)

Stated: First time

To be completed by:
20 November 2016

The registered provider shall ensure falls risk assessments are completed and reviewed as necessary for the identified residents. These should be reviewed whenever a change has occurred and in any case no less than annually.

Response by registered provider detailing the actions taken:

The Registered Manager has reinforced with the Senior Team the requirement to ensure that the Falls Risk Assessments are updated in accordance with the Regulations and Fold policy. Updates were completed for the 2 highlighted by the Inspector on the day.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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