

**Unannounced Care Inspection
of
Manor Court**

13 August 2015

1. Summary of inspection

An unannounced care inspection took place on 13 August 2015 from 10.00 to 16.45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the registered manager Carol McCoy as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fold Housing Association/Mrs Fiona McAnespie	Registered Manager: Ms Carol McCoy
Person in Charge of the Home at the Time of Inspection: Ms Carol McCoy	Date Manager Registered: 20 November 2013
Categories of Care: RC-LD, RC-LD(E), RC-I, RC-MP(E), RC-DE	Number of Registered Places: 41
Number of Residents Accommodated on Day of Inspection: 39	Weekly Tariff at Time of Inspection: £485

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: Notifications of accidents and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with 22 residents, three care staff, one resident's visitor/representative and the registered manager.

We inspected the following records:

- Five care records
- Relevant policies and procedures
- Accident and incident notifications
- Compliments and complaints
- Fire Safety Risk Assessment
- Staff training records
- Monthly monitoring reports.

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 11 June 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.5	The registered manager should confirm that staff in Nightingale have received training in the following area; <ul style="list-style-type: none"> • Break-away techniques 	Met
	Action taken as confirmed during the inspection: The registered manager informed us that staff had completed training in breakaway techniques. Staff training records confirmed this.	
Recommendation 2 Ref: Standard 9.5	A recommendation is made that systems for monitoring the frequency of resident's health screening and health and social care appointments should be used effectively.	Met
	Action taken as confirmed during the inspection: Inspection of records available in the home confirmed that the health screening systems were being used effectively.	
Recommendation 3 Ref: Standard 27.8	A recommendation is made that the shower heads in Nightingale unit should be removed and replaced as these were found to be in poor condition.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that these have been replaced.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home provided there are no documented health care needs to prevent this. The registered manager confirmed to us that there had been no recent deaths within Manor Court.

The registered manager confirmed that residents in the home had received care from a range of outside professionals in the past including Marie Curie nurses, and the local district nursing

service. Staff confirmed that they would liaise closely with residents General Practitioner when supporting and caring for residents in their final days.

Staff confirmed to us that any changes in the resident's condition would be monitored closely and reflected in their assessment of need. The changes would also be included in the resident's care plan. Staff shared with us their experiences of supporting relatives and friends of residents during end of life care.

In our discussions with the registered manager she confirmed that residents and those identified as important to them were involved in decisions about their treatment and care. Staff were aware of the need to keep families informed of any changes in the resident's condition.

Is care effective? (Quality of management)

We reviewed five care records. All of these records contained relevant information regarding residents' wishes in the event of their death. Information included residents' spiritual preferences, specific funeral arrangements and next of kin details. The registered manager confirmed that spiritual support is available for residents on a regular basis. A monthly service is held within the home and residents receive personal visits from local ministers, if they so wish.

The home had a policy in place titled Care of the Dying (2010). We made a recommendation that the policy should be reviewed and updated to reflect current best practice including GAIN guidance.

Following discussions with staff and review of completed staff questionnaires we made a recommendation that staff should complete training relating to dying and death. Relevant information and resources should be made available for staff in the home.

The registered manager confirmed that following the death of a resident the deceased's belongings are handled with care and respect. Families are given time to remove the belongings at a time that suits.

Is care compassionate? (Quality of care)

In our discussions with the registered manager and staff they confirmed that residents are always treated with dignity and respect. Staff showed good knowledge about communicating sensitively with residents and family members.

Staff were aware of the need to inform other residents about any death in a sensitive manner. Staff and the registered manager confirmed residents in the home have the opportunity to pay their respects following the death of a resident. We reviewed a number of compliment cards and records. These contained messages of praise and gratitude from families of deceased residents thanking staff for their kindness and support shown during this period of care.

Areas for improvement

There were two areas of improvement identified for this standard. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	2
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. Staff confirmed that input and advice was sought from the district nursing service regarding continence management. We inspected five care records. We noted that three care plans did not include relevant information in relation to residents individual continence needs. Although information was included in other sections of the residents' care records. We noted that the template used for electronic care plans in the home did not include continence needs of residents. In our discussions with the registered manager she confirmed that this issue would be addressed. We made a requirement that individual continence needs should be identified and reflected in all care plans completed for residents' in the home.

Records available in the home showed that a number of residents were currently on individual toileting programmes. Staff were aware of the need to continually monitor residents' continence needs.

Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. This contained relevant information including reasons for incontinence, person centred care, product assessment and reporting to medical professionals.

In our discussions with the registered manager she confirmed that she had recently completed training relating to the management of continence. The registered manager also informed us that she was currently developing information for dissemination amongst staff in the home. All staff had completed training in relation to continence management as part of their induction programme. We inspected training records available in the home; these demonstrated staff completed training relating to infection control in May and July 2015.

We observed adequate supplies of continence products, gloves, aprons, and hand washing dispensers throughout the home. No malodours were identified in the home.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with dignity, care and respect when being treated by staff. Continence care was undertaken in a discreet and private manner.

Areas for improvement

We identified one area of improvement in relation to this theme. Overall this theme was assessed as being met.

Number of requirements:	1	Number of recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents' views

We spoke with 22 residents individually. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received included:

- “They are all marvellous, I can’t believe how kind everyone is.”
- “I am very happy here.”
- “The food is good, the staff are kind.”
- “Everybody is great; I have all that I want. They are very kind.”
- “I am doing lovely, everybody is great. I have no complaints.”
- “It good, I like coming here.”

5.5.2 Relatives / representatives views

We met with one visiting relative/representative who shared their experiences of visiting the home.

Comments received included:

- “I am reassured (my relative) is here. Everyone is so kind and helpful. I am always kept informed of any changes”.

5.5.3 Staff views

We spoke with three care staff and distributed ten questionnaires to be completed and returned to RQIA. We received six completed staff questionnaires following the inspection. Staff confirmed that they were supported in their respective duties. Discussions with staff and review of the returned questionnaires showed that staff were keen to complete training around dying and death. A recommendation was made in this regard, as stated earlier in this report.

Staff shared with us their views following the removal of a “floating” member of care staff during the morning shift. Staff felt they had less time to spend with residents on an individual basis. This issue was discussed with the registered manager who confirmed the staff numbers had been reduced due to two resident vacancies in the home. The registered manager confirmed the “floating” member of staff would be reinstated when the vacant beds were filled. The registered manager confirmed that staffing levels are reviewed on a continual basis.

5.5.4 General environment

We found the home was clean and tidy with no malodours detected. The decor and furnishings were fit for purpose.

5.5.5 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection. We found these to be appropriately managed and reported.

5.5.6 Fire safety

We requested to see the homes most up to date Fire Safety Risk Assessment which was due for renewal in July 2015. The registered manager informed us that although the risk assessment had been completed prior to the inspection the report had not yet been issued. We shall review the Fire Safety Risk Assessment during the next inspection.

We reviewed fire drill and fire safety training records. These demonstrated that staff received training on an up to date basis. There were no obvious fire risks observed.

5.5.7 Compliments and complaints

We inspected records of compliments and complaints. These were maintained satisfactorily.

Areas for improvement

We identified no areas for improvement from the additional areas examined.

Number of requirements:	0	Number of recommendations:	0
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6 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carol Mc Coy as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 24 September 2015	The registered manager should ensure that residents individual continence needs are identified and reflected in all care plans completed for residents in the home. Response by Registered Person(s) detailing the actions taken: This has been actioned. Specific continence Care Plans have been ammended to include incontinence products used by each resident.		
Recommendations			
Recommendation 1 Ref: Standard 23.4 Stated: First time To be completed by: 29 October 2015	The registered manager should ensure staff complete training relating to dying and death. Relevant information and resources should be made available for staff in the home. Response by Registered Person(s) detailing the actions taken: Registered Manager has attended End of Life training , all other staff are also receiving this training		
Recommendation 2 Ref: Standard 21 Stated: First time To be completed by: 29 October 2015	The registered manager should ensure the home's policy titled Care of the Dying (2010) is reviewed and updated to reflect current best practice including GAIN guidance. Response by Registered Person(s) detailing the actions taken: This has been actioned		
Registered Manager completing QIP	Carol McCoy	Date completed	25/09/15
Registered Person approving QIP	Fiona McAnespie	Date approved	25/09/15
RQIA inspector assessing response	Bronagh Duggan	Date approved	8/10/15

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