

# Unannounced Care Inspection Report

## 11 May 2017



## Manor Court

**Type of Service: Residential Care Home**  
**Address: Sloan Street, Lurgan, Craigavon, BT66 8NR**  
**Tel no: 028 3832 9586**  
**Inspector: Bronagh Duggan**

## 1.0 Summary

An unannounced inspection of Manor Court including Nightingale Lodge took place on 11 May 2017 from 10.00 to 17.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care inspection 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 staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One recommendation was made in regard to ensuring all fire safety checks are maintained on an up to date basis.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in regards to the development of a handover template to ensure greater consistency with shift handovers.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Carolina Coleman, senior carer, as part of the inspection process and Carol McCoy registered manager in a telephone call following 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 20 October 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Fold Housing Association	<b>Registered manager:</b> Carol McCoy
<b>Person in charge of the home at the time of inspection:</b> Carolina Coleman senior carer	<b>Date manager registered:</b> 24 March 2014
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 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 previous inspection report and the returned QIP.

During the inspection the inspector met with 16 residents individually and others in groups, three care staff, one resident's visitor/representative and the senior carer.

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
- One staff personnel file
- Three resident's care files

- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care reviews, accidents and incidents (including falls), catering and hand hygiene
- Electrical PAT testing records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives'
- 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
- Selection of policies and procedures

A total of 36 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 20/10/16

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 20/10/16

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15.(2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three care records inspected showed that falls risk assessments had been completed and reviewed as necessary.	

### 4.3 Is care safe?

The senior carer 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

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 senior carer and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires 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 senior carer 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 and that records of competency and capability assessments were retained. A sample of competency and capability assessments were viewed during a previous inspection.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the senior carer 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. Review of one file of a recently recruited staff member included a completed staff recruitment and selection checklist which confirmed receipt of all relevant information.

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

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 has 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.

Discussion with the senior carer, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully

and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior carer confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer 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 senior carer confirmed there were restrictive practices employed within the home, notably an electronic entry system, and the use of pressure alarm mats. Discussion with the senior carer regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The senior carer confirmed there were risk management policy and procedures in place. Discussion with the senior carer 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, fire safety, PAT electrical testing.

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.

The senior carer reported that any outbreaks of infection within the last six months had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, 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. The senior carer reported that there had been a recent health and safety issue regarding specific equipment within the home, the senior carer confirmed the issue was reported to the appropriate authorities and action taken in a timely manner.

The home had an up to date fire risk assessment in place dated 27 July 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 in May 2017 records were retained of staff who participated and any learning outcomes.

Inspection of fire safety records showed some omissions regarding checks to break glass points and emergency lighting. Discussion with the registered manager following the inspection confirmed unforeseeable circumstances for the specific time period, however the need to ensure fire safety checks are maintained on an up to date basis was discussed. A recommendation was made. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Six 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 or satisfied.

### Areas for improvement

One area for improvement was identified in relation to ensuring all fire safety checks are maintained on an up to date basis.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

### 4.4 Is care effective?

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

A review of three care records confirmed that these included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records are produced using an electronic recording system and hard copies are available. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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 individual interests such as writing, arts and crafts and spiritual beliefs.

The senior carer 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 care reviews, accidents and incidents (including falls), catering and hand hygiene were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The senior carer 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' and representative meetings, staff meetings and staff shift handovers. From discussions with staff it transpired there were some differences with regard to giving the shift handover. A recommendation was made that a handover template should be developed to ensure greater consistency. Suggestions are welcome at all times regarding the care provided and any potential areas for improvement. The



senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative 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. A planner for resident / representatives meetings was displayed in a central part of the home to encourage participation from both residents and representatives.

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 senior confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Six 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 or satisfied.

Comments received from completed questionnaires were as follows:

- "Staff are very good at picking up any changes in mums health and act very promptly and effectively".

### Areas for improvement

One area for improvement was identified in relation to developing a handover template to ensure greater consistency with shift handovers.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

### 4.5 Is care compassionate?

The registered manager 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 were in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents 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 the menu for the day was displayed on the central notice board and in the individual dining rooms; activities for the day were also displayed.

The senior carer and residents 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 demonstrate how residents' confidentiality was protected. For example ensuring residents care needs are shared with professionals on a need to know basis.

The senior carer 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, representatives 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' / representatives meetings, suggestion box, annual reviews etc. A suggestion tree was situated at the entrance area of the home to encourage input and suggestions for improvement from both residents and visitors to the home.

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 on a notice board in a central part of the home. Improvements made as a direct result of the resident consultation included more detail on the menu boards.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example arts and crafts, quizzes, and bingo. Residents were also observed relaxing outside in a shaded patio area enjoying the sunshine. Arrangements were in place for residents to maintain links with their friends, families and wider community for example one resident shared with the inspector about a visit to a local museum. Residents are supported to go out for coffee, arrangements have also been made for a local ice cream van to visit the home on a regular basis.

Residents spoken with during the inspection made the following comments:

- "I am happy here, they (staff) are all very good"
- "The staff are all very good"
- "The food is lovely"
- "The care is good, I would like a new fridge for my room"
- "This is a great wee place, staff do their best to help you"
- "I love it here, the manager is lovely, you couldn't get better. We go out to places like museums and gallery's"
- "They (staff) are all very nice, I have all that I need"
- "The staff are all very good, if you are anxious about anything you can just speak to them. I'm as content as the flowers in May!"

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

### **Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 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 around 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. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

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 generally effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. It was noted one event had been recorded appropriately but had not been forwarded to RQIA. This was submitted to RQIA following the inspection. 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.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. For example information regarding dementia care was available for staff to access. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training in human rights, dementia awareness, and epilepsy management.

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.

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. The senior carer 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 employers' 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 senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior carer 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 senior carer confirmed that staff could also access line management to raise concerns and 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.

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

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carolina Coleman, senior carer, as part of the inspection process and Carol McCoy, registered manager, in a telephone call following the inspection. 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](mailto: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

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 29.2  <b>Stated:</b> First time  <b>To be completed by:</b> 13 May 2017	The registered provider should ensure all fire safety checks are maintained on an up to date basis.  <b>Response by registered provider detailing the actions taken:</b> Template devised to be signed off by Senior at end of Month to confirm all checks have been completed as per policy
<b>Recommendation 2</b>  <b>Ref:</b> Standard 8.4  <b>Stated:</b> First time  <b>To be completed by:</b> 11 August 2017	The registered provider should ensure a handover template is developed to ensure greater consistency with shift handovers.  <b>Response by registered provider detailing the actions taken:</b> Template devised and used at all handovers by Senior staff.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews