



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Manor Court

Date of Inspection: 3 March 2015

Inspector's Name: Bronagh Duggan

Inspection ID: IN020432

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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1.0 General information

Name of Service:	Manor Court
Address:	Sloan Street Lurgan Craigavon BT66 8NR
Telephone number:	02838329586
E mail address:	carol.mccoy@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Fold Housing Association
Registered Manager:	Ms Carol McCoy
Person in charge of the home at the time of inspection:	Ms Carol McCoy
Categories of care:	RC-I, RC-LD, RC-LD (E), RC-MP (E), RC-DE
Number of registered places:	41
Number of residents accommodated on Day of Inspection:	35
Scale of charges (per week):	£450 + £15 Top up fee per week
Date and type of previous inspection:	Primary Announced Inspection 12 June 2014
Date and time of inspection:	3 March 2015 9:30am -2:30pm
Name of Inspector:	Bronagh Duggan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 : The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Manor Court Residential Care Home and Respite Unit is situated within walking distance of Lurgan town centre.

The residential home is owned and operated by Fold Housing Association. Ms Carol McCoy is registered manager of the home.

Accommodation for residents is provided in single flat lets within a double storey building. Access to the first floor is via a passenger lift and stairs.

The home provides a large communal sitting room, four dining rooms including a small kitchen area to prepare food, a laundry, toilet/ washing facilities, staff accommodation and offices. There are well maintained gardens and grounds and parking spaces to the front of the building with designated parking facilities for disabled users.

Registered day care is provided for a maximum of eight service users in the communal sitting room and small activity room on the first floor. The registration, management and staffing of the day care provision is separate from the residential facility.

The Nightingale respite unit is situated within a separate bungalow and can be accessed via a link corridor. This unit can provide a respite service for up to five people with Learning Disabilities. The respite unit has five bedrooms, four with en-suite facilities, a dining room, sitting room and a small games room.

A secure garden area is available to the rear of the home so that all residents can safely go outside.

The home is registered to provide care for a maximum of 41 persons under the following categories of care:

Residential care

I	Old age not falling into 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

7.0 Summary of inspection

This secondary unannounced care inspection of Manor Court was undertaken by Bronagh Duggan on 3 March 2015 between the hours of 9:30am - 2:30pm. Ms McCoy was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed the majority of areas as required within the timescales specified. One recommendation relating to staff training has been partially addressed, the need to ensure staff receive training in breakaway techniques has been restated. The detail of the actions taken by Ms McCoy can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 The health and social care needs of residents are fully addressed. The information available during the inspection confirmed that the home was overall compliant with this standard. There were processes in place to ensure the effective management of the standard inspected. One recommendation was made to ensure monitoring systems are used effectively.

During the inspection the inspector met with residents and staff and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard. A recommendation was made that the shower heads in Nightingale unit should be removed and replaced as these were found to be in poor condition.

Two recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 June 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	14 (2) (c)	The registered manager must confirm that the arrangements in regard to the entrance of Manor Court have been addressed.	The registered manager confirmed that the entrance system to the home had been replaced; the system was installed the week prior to inspection. The new system was observed operating during the inspection.	Compliant
2	20.(1) (a)	The registered manager must confirm that the staffing levels in Manor Court have been reviewed. The outcomes of the review must be detailed in the returned QIP.	The registered manager confirmed that staffing levels have been increased during the most busy periods of the day namely in the mornings, and during the early evening. A review of the duty rota confirmed this.	Compliant
3	27 (2) (a)	The registered manager must confirm that a dementia audit has been undertaken in Manor Court.	The registered manager confirmed that a dementia audit had been undertaken within the home, a copy of this was available for the inspector to review.	Compliant

NO.	REGULATION REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.5	<p>The registered manager should confirm that staff in Nightingale have received training in the following areas;</p> <ul style="list-style-type: none"> • Break-away techniques • The use of makaton 	<p>The registered manager confirmed that training had been provided to staff in Nightingale unit regarding the use of Makaton. The registered manager confirmed that staff had completed specific break away training relating to one specific resident; however the registered manager was in the process of sourcing general training for all staff in the unit.</p> <p>This recommendation has been partially met.</p>	Moving towards compliance
2	10.4	<p>The registered manager should confirm that guidance from the behaviour support specialist has been obtained for the identified resident.</p>	<p>The registered manager confirmed that a referral had been made for the identified resident to the behaviour support service. The registered manager also confirmed that staff had completed training in managing challenging behaviour.</p>	Compliant
3	13.1	<p>The registered manager should confirm that the policy on activities has been revised.</p>	<p>The registered manager confirmed the policy on activities had been revised; this was reviewed by the inspector and contained all relevant information.</p>	Compliant
4	13.5	<p>The responsible person should confirm that a designated budget for the provision of activities is in place.</p>	<p>The registered manager confirmed that direct arrangements were in place to ensure that resources for activities are made available.</p>	Compliant
5	13.2	<p>The registered manager should confirm that staff in Manor Court has received training in the provision of activities.</p>	<p>The registered manager confirmed that staff in the home had received training in the provision of activities. Records were available in the home to confirm this.</p>	Compliant

9.0

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
Five care records of residents were reviewed all records were found to include details of residents GP, dentist and optometrist. Discussion with the registered manager confirmed that residents can avail of a choice of local services.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussion with the registered manager and two care staff, and review of five care records showed the health and social care needs of residents are understood. Staff were aware of the need to continually monitor residents conditions and to forward on any concerns to relevant professionals. Staff confirmed that they complete mandatory training and receive regular updates in first aid training.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager and care staff and review of five care records evidenced that the health and welfare of residents is continually monitored and recorded. There was evidence of referrals being made when resident's needs changed. On the day of the inspection one resident presented with a medical issue, this was shared with the registered manager who confirmed staff had addressed the identified issue. The registered manager confirmed that there is regular contact between staff in the home and the continence advisory service regarding referrals, assessments and regular reviews to ensure continence issues are continually addressed for identified residents in the home.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Staff confirmed that where appropriate representatives would be provided with feedback from health and social care appointments as required. Information is also shared with resident's representatives during annual care reviews.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
Inspection Findings:	
<p>A review of five care records showed that there were systems in place to monitor the frequency of resident's health or social care appointments. Care records reviewed showed regular attendance of residents for specific health and social care appointments. It was noted however that in two of the files reviewed residents monthly reviews were not up to date and therefore did not clearly show the most recent appointments attended.</p> <p>A recommendation is made that systems for monitoring the frequency of resident's health screening and health and social care appointments are used effectively.</p>	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	
Inspection Findings:	
Staff confirmed that there are weekly checks of residents personal equipment, personal items including spectacles, dentures and hearing aids are maintained in residents bedrooms care staff ensure that these are cleaned daily.	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with 14 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I'm very happy here, everyone is very kind".

"I am here twelve years and you can take it from me this is a good home".

"It is great, you get your bed made the food is good, everybody is very helpful"

"I'm getting on the very best here, staff are all very kind, you get all you want".

"I love coming here, it is brilliant".

10.2 Relatives/representative consultation

There were no relatives available to meet with the inspector during the inspection.

10.3 Staff consultation

The inspector spoke with two care staff and one day care worker familiar with the home. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. One staff member shared with the inspector that they felt residents in the home would benefit from the employment of an activities therapist as an alternative to care staff supporting residents with activities. Care staff in the home have completed training in the provision of activities. This issue was raised with the registered manager who stated that at present two staff are allocated to provide activities for residents during specific periods of the morning and afternoon while two other care staff members are available to support residents with any additional care needs during these times. The manager informed the inspector that to date this arrangement has been effective. The registered manager stated that this arrangement would remain under continual review to ensure residents receive a varied programme of activities and ensure staff can meet the needs of residents.

Comments received included:

"This is a good place; I really like it, there is good team work and plenty of training opportunities. The extra staff member makes a real difference".

"There is a good team here, residents are well looked after but I think there should be a fulltime activities therapist."

"It is very good here, it is always good to be involved in the hands on care, residents are well supported here".

10.4 Visiting professionals' consultation

There were no visiting professionals available to meet with the inspector during the inspection.

10.5 Environment

The inspector viewed the home accompanied by Ms McCoy and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. 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.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms McCoy, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Manor Court

3 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Carol McCoy registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.5	<p>The registered manager should confirm that staff in Nightingale have received training in the following area;</p> <ul style="list-style-type: none"> • Break-away techniques <p>Ref: 8.0</p>	Two	Breakaway training was provided on 29/8/14 and has again been arranged for 15 th May 2015	28 April 2015
2.	9.5	<p>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.</p> <p>Ref: 9.0</p>	One	<p>Seniors to add all appointments unto our Epic system for easier monitoring of when reviews are needed. Review dates will also be added to the Epic system which can then be followed up in residents individual Care Plans.</p> <p>Manor Court will also have their own named contact within the Southern Trust soon which will mean reviews will occur promptly at the correct time.</p>	7 April 2015
3.	27.8	<p>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.</p> <p>Ref:10.3</p>	One	Shower heads have been looked at by maintenance and are in the process of being sourced and replaced	14 April 2015

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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Carol McCoy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	14.4.15
Further information requested from provider			