

Unannounced Care Inspection Report

3 June 2016



Manor Court

Address: Sloan Street, Craigavon, BT66 8NR

Tel No: 02838329586

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 3 June 2016 from 10:00 to 16:30.

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

Is care safe?

One recommendation was made which related to the repainting of bedrooms in the Nightingale unit. Some examples of good practice included handwashing audits being completed on a regular basis, competency and capability assessments were undertaken for any person given the responsibility of being in charge of the home for any period in the absence of the manager.

Is care effective?

One recommendation was made which related to contacting the referring trust regarding the completing of a post admission review for an identified resident. Some examples of good practice included arrangements to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of hand washing, meals, falls, medications and personal care are carried out on a regular basis.

Is care compassionate?

No areas of improvement were identified. Some examples of good practice included residents being enabled and supported to engage and participate in meaningful activities. A suggestion tree was situated at the entrance of the home to encourage representatives, residents and visitors to share ideas and offer suggestions about how to further improve the service offered.

Is the service well led?

No areas of improvement were identified. Some examples of good practice included evidence of current best practice guidelines being made available to staff and managerial staff being provided with additional training in governance and leadership. A number of resident focused initiatives were observed throughout the inspection.

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	0	2

Details of the QIP within this report were discussed with Carol Mc Coy, registered manager, as part of the inspection process. 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 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: Carol Mc Coy	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
Weekly tariffs at time of inspection: £509 per week	Number of residents accommodated at the time of inspection: 40

3.0 Methods/processes

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

During the inspection the inspector met with 13 residents individually and others in groups, five care staff, and the registered manager. Eighteen satisfaction questionnaires were distributed for completion by residents, their representatives and staff. Fourteen completed questionnaires were returned to RQIA. All completed questionnaires reflected satisfaction with the care provided.

The following records were examined during the inspection:

- Three care records
- Minutes of residents meetings
- Minutes of staff meetings
- Staff training records
- Relevant policies and procedures
- Sample of competency and capability assessments
- Fire Safety Risk Assessment
- Annual Quality Review Report
- Audit records
- Monthly monitoring reports
- Accident and incident records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 August 2015

The most recent inspection of Manor Court 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 13 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (1) Stated: First time	The registered manager should ensure that residents individual continence needs are identified and reflected in all care plans completed for residents in the home.	Met
	Action taken as confirmed during the inspection: Inspection of three care records and discussion with the registered manager confirmed that individual continence needs of residents were reflected in care plans.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed staff had completed training / information awareness sessions relating to dying and death. Records available in the home confirmed this.	
Recommendation 2 Ref: Standard 21 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The policy relating to Care of the Dying was updated in September 2015 to reflect up to date best practice.	

4.3 Is care safe?

The registered manager 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. One staff member shared that they felt the home needed additional senior carer support during the mornings. The registered manager confirmed the home was currently in the process of recruiting additional staff for identified periods. No concerns were raised regarding staffing levels during discussion with residents or from feedback from residents' representatives.

On the day of inspection the following staff were on duty –

- Registered manager
- Senior Carer x1
- Care Assistants x5
- Kitchen Staff x1
- Domestic Staff x 2
- Admin x1

Review of three completed induction records and discussion with the registered manager 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 annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff 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. Records of competency and capability assessments were retained. A review of a sample of staff competency and capability showed that these were maintained on an up to date basis.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager 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. A completed information checklist was included at the front of staff members' files to indicate that all relevant information had been gathered and was stored at the organisations' personnel department.

An adult safeguarding policy and procedure was in place. The registered manager confirmed that this was currently being updated to reflect new regional guidance and that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion. A copy of the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 including a user friendly version was available within the home. Discussion with staff confirmed that they 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 and the next training session was arranged for October 2016.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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 registered manager confirmed that there had been no recent ongoing safeguarding investigations.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff. Records available in the home showed that handwashing audits were completed on a regular basis by the registered manager. These included the supervision and questioning of staff regarding hand washing technique and outlining procedures to reduce risks.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Further information around this is cited in section 4.4. Care needs assessment and risk assessments including manual handling, nutrition, and falls, were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager 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 for example Control of Substances Hazardous to Health (COSHH) and fire safety. The registered manager confirmed that the Falls Prevention Toolkit was presently being used and that the home had been involved in a learning project with the falls prevention team.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges, and bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. In addition to the main area of the home an inspection of the Nightingale respite unit was also undertaken. It was noted that décor in the bedrooms of the respite facility was tired and walls were badly stained. A recommendation was made that the bedrooms should be repainted and improved upon.

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 registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 3 August 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 8 April 2016 and 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. Two omissions were noted for the break glass points during May 2016 this was discussed with the registered manager who confirmed this issue would be addressed. All other checks were maintained on an up to date basis.

Areas for improvement

One area for improvement was identified during the inspection this related to the repainting and improved of bedrooms in the Nightingale unit.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	---	-----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager established that staff responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included 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 were updated regularly to reflect the changing needs of the resident.

It was noted however from one of the records inspected that the preadmission assessment for one recently admitted resident had not been fully completed. This was discussed with the registered manager who confirmed the full completion had been an oversight. The other two records examined had been completed appropriately. The registered manager gave assurances that all relevant information would be completed. It was also noted that a post admission review had not been completed for the identified resident with the referring trust. This issue was discussed with the registered manager. A recommendation was made that the registered manager should contact the referring trust to request a post admission review for the identified resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with the registered manager and staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection. The home uses the EPIC electronic recording system. Hard copies of residents' care records were also available for inspection and these were stored securely.

The registered manager 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 hand washing, meals, falls, medications and personal care delivered by staff with consent of residents are carried out on a regular basis. The registered manager confirmed the outcomes from these audits are used to help drive continuous improvement within the home. Further evidence of audits was contained within the monthly monitoring visit reports and the annual quality report. Areas examined within the monthly monitoring reports included accidents and incidents, safeguarding issues, complaints and views of residents, representatives and staff.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with 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, and representatives.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection.

Areas for improvement

One area for improvement was identified during the inspection this related to the registered manager contacting the referring trust to request a post admission review for an identified resident.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	---	-----------------------------------	---

4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

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.

During the inspection residents were observed making cupcakes and watching classic movies. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The registered manager confirmed that 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.

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. One clear and visual application of this included a suggestion tree situated at the entrance of the home to encourage representatives, residents and visitors to share ideas and offer suggestions about how to further improve the service offered.

Some comments received from completed representative satisfaction questionnaires included:

- “My mother is cared for extremely well and the staff are excellent. I am kept well informed about my mother and her care and of any changes to her care plan. There are plenty of opportunities to make suggestions and give feedback, and relatives are encouraged to do so.”
- I know my father feels content and safe at Manor Court which is very important to me. I live (a long distance away) and am always reassured by my visits and chats with carers.”

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required. The outcomes from the consultations are displayed prominently around the home in a “You said, We did” format ensuring residents and representatives are kept fully informed about what is happening. This is to be commended.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. Some examples include participating in preferred activities, having a daily choice at meal times, being involved with the homes newsletter which is published quarterly.

Some comments received from residents during the period of the inspection included:

- “It is lovely here, everyone is very good”.
- “I have no complaints at all, everyone is very nice. I have a nice room, and the food is very nice”.
- “You have everything that you need, the people are very nice”.
- “I like it here, the staff are all very good. I can’t complain about anything, if I don’t like something for dinner then I can always get something different”.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. Six completed residents’ questionnaires were returned, five representatives and three staff questionnaires were returned. All completed and returned questionnaires indicated satisfaction with care delivered.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	---	-----------------------------------	---

4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process 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 established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Records available in the home showed there had been no new complaints made since the previous inspection.

The registered manager confirmed the home had 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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits as already stated in section 4.5, satisfaction questionnaires, and regular opportunities to make suggestions. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager 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.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager has completed specialist training titled Leadership and Management in Dementia Care – Aspiring to Excellence from the University of Sterling. A number of resident focused initiatives were observed throughout the inspection this is to be commended. Learning from complaints, incidents and feedback gathered from the monthly monitoring visits 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 within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered person identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	---	-----------------------------------	---

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carol Mc Coy, Registered Manager 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 27.1 Stated: First time To be completed by: 1 September 2016	The registered person should ensure that the bedrooms in the Nightingale facility are repainted and improved upon. Response by registered person detailing the actions taken: A works order has been submitted to repaint the 5 bedrooms within Nightingale Lodge within the specified timeline.
Recommendation 2 Ref: Standard 11 Stated: First time To be completed by: 1 August 2016	The registered person should contact the referring trust to request a post admission review for the identified resident. Response by registered person detailing the actions taken: The post admission review has been arranged with the commissioning Trust and will be complete by 1 August 2016

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



The Regulation and
Quality Improvement
Authority

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

Web www.rqia.org.uk



@RQIANews