

Inspection Report

8 February 2023



Manor Court

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Carol McCoy Date registered: 21 November 2013
Person in charge at the time of inspection: Ms Carolina Coleman, Senior Care Assistant then Mrs Carol McCoy from 11.45am	Number of registered places: 41 The 5 persons accommodated in the Categories RC-LD and RC-LD(E) shall be located in the Respite Unit and 1 person in category RC-LD (E) within Manor Court. RC-DE category for mild to moderate dementia only.
Categories of care: Residential Care (RC) 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 residents accommodated in the residential care home on the day of this inspection: 41
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 36 residents. The home has a separate unit known as Nightingale Lodge, which provides short respite care for five residents. The registered manager manages both these services.	

2.0 Inspection summary

An unannounced inspection took place on 8 February 2023, from 10am to 2.55pm, by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

It was evident that staff promoted the dignity and well-being of residents. Staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate and kind manner.

Residents spoke positively about their life in the home and their relationship with staff.

One area of improvement was made during this inspection. This was in respect of risk assessing all free standing wardrobes.

RQIA were assured that the delivery of care and service provided in Manor Court was safe, effective, and compassionate and that the home was well led. Addressing the one area of improvement will further enhance safety of residents in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Carol McCoy at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they were happy with their care in the home, their relationship with staff, the provision of meals and the provision of activities.

Staff spoke in positive terms about the provision of care, their roles and duties, teamwork, training and managerial support.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Manor Court was undertaken on 23 November 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The Manager confirmed that recruitment of staff is managed by the organisation's human resource department, and when an applicant has been successful on appointment a checklist indicating that the applicant has been recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 is received. A review of two of these checklists confirmed that safe recruitment of staff was in place.

The duty rota identified the person when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with staffing levels, training and managerial support.

It was noted that staff responded to the needs of the residents in a timely way; and gave provision for residents with a choice on how they wished to spend their day. One resident said; "I am very happy here. The staff are very good."

There were systems in place to ensure staff were trained and supported to do their job. Staff training records confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. One resident made the following comment; "The staff are wonderful here. All very patient and kind."

Care records were maintained safely and securely.

Care records accurately reflected the needs of the residents.

Care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented, wholesome and portions were generous. There was a variety of drinks available. Residents throughout this inspection commented positively on the provision of meals.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff were scheduled to receive training in dysphagia.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and / or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each residents spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. The décor and furnishings throughout were well maintained. Communal areas were suitably furnished and comfortable. Residents' bedrooms were well maintained, comfortable and nicely personalised. Bathrooms and toilets were clean and tidy.

The grounds of the home were well maintained.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. When showing the inspector around the home a senior care assistant explained the procedure of what to do if a fire alarm activated. This is good practice. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 20 July 2022. There was corresponding evidence recorded of the actions taken in response to four recommendations made from this assessment.

Issues of risk were identified with free standing wardrobes. An area of improvement was made for these issues to be risk assessed in accordance with current safety guidance with subsequent appropriate action.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included preferences for getting up, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents were comfortable, content and at ease in their interactions with staff and their environment. There was a pleasant homely atmosphere. Residents were enjoying the company of one another, watching television and / or relaxing. Televised religious service was available for those residents who wished to avail of.

Residents in the respite unit were enjoying the company of one another and engaged in pastimes of choice.

The genre of music played and television programmes was appropriate for the age group and tastes of residents.

Three visiting relatives said that they were very pleased with the care provided in the home and the kindness and support received from staff. One relative said; "It is very good here. Very clean, tidy and peaceful, and that is always how I find it."

The report of the most recent residents' satisfaction survey undertaken in April 2022 was all positive.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Carol McCoy has been the Registered Manager in this home since 21 November 2013.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Regulatory records and documentation were accessible and well organised.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Carol McCoy was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. The complaints procedure was displayed in an accessible location for residents and their representatives to avail of. Discussions with the Manager confirmed that she viewed expressions of dissatisfaction as platforms to learn from improve practice.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Carol McCoy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 8 March 2023	<p>The registered person shall risk assess all free standing wardrobes in accordance with current safety guidance with subsequent appropriate guidance.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All free standing wardrobes have been risk assessed and were required secured to the wall.</p>

Please ensure this document is completed in full and returned via Web Portal



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