

# Unannounced Care Inspection Report

## 11 March 2021



## Manor Court

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

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 41 residents. The main building provides accommodation for up to 36 persons; Nightingale respite facility provides respite accommodation for up to five persons with learning disabilities.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Radius Housing Association<br><br><b>Responsible Individual:</b><br>Fiona McAnespie   | <b>Registered Manager and date registered:</b><br>Carol McCoy - 21 November 2013                     |
| <b>Person in charge at the time of inspection:</b><br>Carol McCoy   | <b>Number of registered places:</b><br>41  |
| <b>Categories of care:</b><br>Residential Care (RC)<br>I - Old age not falling within any other category<br>DE – Dementia<br>MP (E) - Mental disorder excluding learning disability or dementia – over 65 years<br>LD - Learning Disability<br>LD (E) – Learning disability – over 65 years | <b>Number of residents accommodated in the residential home on the day of this inspection:</b><br>35 |

### 4.0 Inspection summary

An unannounced inspection was undertaken on 11 March 2021 from 10:15 until 16:45. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care records
- Care delivery
- Governance and management

Residents spoken with were complimentary about their life in the home and relations with staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | *2          | *2        |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Carol Mc Coy, manager, as part of the inspection process. The timescales for completion commence from the date of inspection. \* Two areas for improvement have been carried forward for review at a future inspection. One area for improvement in relation to reporting of notifiable events has been stated for a second time.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 16 residents individually and others in groups, five staff and the manager. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Duty rotas
- Three residents care records
- Staff training records
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Staff professional registration information
- Certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2020.

| Areas for improvement from the last care inspection   |   |  |
|---|---|--|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005    |   | Validation of compliance                           |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 15 (1) (a) (b)<br><br><b>Stated:</b> First time | The registered person shall ensure that each resident is provided with an individual written agreement setting out the terms and conditions of their residency in the home. The agreement must include details of the fees payable, the method of payment and the person by whom the fees are payable.  | <b>Carried forward to the next care inspection</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to a future inspection.   |  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 30 (1) (f)<br><br><b>Stated:</b> First time     | The registered person shall ensure that any reportable accident in the home is notified to RQIA within the required timescale.  | <b>Not met</b>                                     |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of accident and incident records showed at least two occasions when RQIA had not been informed of specific incidents as required. The issue was discussed with the manager; this area for improvement has been stated for a second time on the QIP appended to this report. |  |

| <b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b> |  | <b>Validation of compliance</b>                    |
|---|--|--|
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 4.6<br><br><b>Stated:</b> First time                    | The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.   | <b>Carried forward to the next care inspection</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future inspection.  |  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard E 52<br><br><b>Stated:</b> First time                   | The registered person shall ensure that improvement is made within the Nightingale unit in regard to the following areas: <ul style="list-style-type: none"> <li>• Identify a suitable storage space for storage for a day care service user.</li> <li>• Make good the marked wall within the back bedroom.</li> <li>• Replacement of the dining room table cloth</li> </ul> | <b>Met</b>   |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the manager and inspection of the environment showed the identified areas had been addressed.   |  |

## 6.2 Inspection findings

### 6.2.1 Staffing

We arrived at the home at 10:15 hours; the manager was in charge of the home. We discussed with the manager the staffing arrangements in place. Staff duty rotas for the period of 1 March 2021 until 14 March 2021 were reviewed.

The manager confirmed staffing levels were maintained at planned levels which were kept under review according to the dependency level of residents. The manager also advised recruitment of staff was ongoing with vacancies advertised but that it had been somewhat of a challenge during the pandemic to recruit. The manager confirmed during the interim staff in the home had been covering extra shifts as necessary.

During discussion staff confirmed that the staffing levels were appropriate to meet the needs of the residents. Staff spoke positively about their experiences of working in the home and

showed good knowledge of the individual needs of residents. There were no concerns raised by staff regarding staffing levels in the home.

Staff spoken with confirmed they were aware of the reporting arrangements and who to speak to if they had any issues or concerns, in addition staff also showed good knowledge of the homes safeguarding and whistleblowing procedures. Staff were observed supporting residents in a relaxed and unhurried manner, there were no concerns observed regarding staffing levels throughout the day.

Comments received from staff included:

- “I think it is very good, the residents are well looked after, I would be happy for my mother to be here.”
- “I love it, its home from home; they (the residents) are like family. I wouldn’t be here 16 years if I didn’t love it.”
- “There is good teamwork.”

### **6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)**

Information was displayed at the entrance to the home regarding the current guidance on Covid 19. Upon arrival the inspector’s temperature was recorded and a relevant health declaration was completed. The manager advised all visitors to the home had checks completed prior to entering and residents and staff temperatures were recorded twice daily. Records available in the home confirmed this.

Signage was clearly displayed throughout the home regarding handwashing technique, including user friendly versions for those with limited understanding. There was identified donning and doffing areas available in the home; information was clearly available ensuring best practice with regards to the use of same. Discussion with the manger and review of information available showed guidance was available for staff in relation to Covid 19.

PPE supplies and hand sanitizer were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately and in accordance with current guidance.

Staff showed good knowledge on how to reduce or minimise the risk of infection and confirmed there was an enhanced cleaning schedule in place which included regular cleaning of frequent touch points throughout the home. Records available in the home confirmed this. Observations made during the inspection showed staff carrying out hand hygiene and changing PPE as required.

### **6.2.3 Environment**

We undertook an inspection of the home environment which was found to be warm, clean and tidy. We viewed the communal living area, dining rooms, a sample of resident’s bedrooms as well as bathroom and toilet areas. Resident’s bedrooms were found to be nicely personalised and reflected individual interests.

It was noted that some areas were in need of repainting and skirting boards and doorframes were chipped and worn, making it difficult to effectively clean. This issue was discussed with the manager who advised plans were in place for a refurbishment programme across the home



and a number of specific areas had already been identified for improvement. Progress with the refurbishment work shall be followed up during the next care inspection.

Although there were plans in place for a full refurbishment, some areas observed during the inspection required immediate attention; addressing these included a small refrigerator in an identified resident's room which was damaged and should be repaired or replaced. An identified bathroom required new skirting board applied as the previous skirting had come off the wall creating an IPC risk. These issues were discussed with the manager; an area for improvement was identified.

#### **6.2.4 Care delivery**

We observed staff practice in the home, interactions with residents were warm and friendly. Staff showed good knowledge of the individual needs of residents and were visible across the home.

Staff were observed engaging with residents and supporting them with a variety of activities. Residents were well presented with obvious time given to their personal care. Staff explained how they were aware of the individual preferences of residents.

Arrangements were in place to ensure residents participated in regular activities, during the inspection residents were encouraged to engage in arts and crafts; music and entertainment was also available which promoted a jovial atmosphere.

The manager outlined the visiting arrangements in place and confirmed that visiting was arranged on a pre-booked basis. In addition the manager confirmed the "Care Partners" initiative was being implemented within the home.

During the inspection residents looked comfortable and relaxed within their surroundings, and staff were available throughout the day to meet their needs.

Comments received from residents included:

- "I am only here 12 days, I just love it."
- "I like it alright, everyone is very good."
- "I am very comfortable here, have all I need, everyone is very nice."
- "It's lovely, they couldn't do enough for you, they never stop, always working."
- "It's great, lovely, food is good, the staff are good craic."

#### **6.2.5 Care records**

A sample of three care records were reviewed, these were maintained on an electronic recording system they included relevant assessments, care plans, risk assessments and evaluation records. We could see the care records were reviewed and updated on a regular basis or as changes occurred.

Records reviewed also reflected input from other professionals including for example Speech and Language Therapy (SALT) and district nursing as necessary.



## **6.2.6 Governance and management arrangements**

Staff spoken with confirmed that they felt well supported by the manager in the home, and that the manager was approachable at any time. Staff shared that they were kept well informed of changes as they developed due to the Covid 19 pandemic and that relevant information was made easily accessible for staff. A file containing up to date information regarding Covid 19 was available for staff to access.

We reviewed a sample of audits including falls analysis, care review checks, personal care, and equipment decontamination checks. Records showed that these were completed on an ongoing basis and when actions were identified they were addressed accordingly.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed at least two occasions when notifiable events were not reported to RQIA as required. The manager confirmed these would be notified to RQIA retrospectively. Reporting of notifiable events was identified as an area for improvement during the previous inspection, and has been stated for a second time in the QIP appended to this report.

A review of staff professional registration information for the Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staff registration and this was reviewed on a regular basis.

Review of records showed that staff training was maintained on an up to date basis.

There was a system in place regarding the management of complaints. Records showed the nature of the complaint, outcome of the investigation and the complainant's level of satisfaction. The home had received a number of compliments and thank you cards in recent months these included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Home Regulations (Northern Ireland) 2005. We reviewed the reports for January and February 2021 these included an overview of the working practices in the home and an action plan as needed to address any issues identified. We discussed with the manager the value of signing off the action plans to show when any identified actions had been addressed.

The manager confirmed there were good relationships with external stakeholders. The home's certificate of registration was up to date and displayed appropriately.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, team working, interactions between residents and staff, management and governance systems in place and IPC practices.

### **Areas for improvement**

One new area for improvement was identified in relation to specific environmental improvements.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.3 Conclusion

Residents looked well cared for, interactions observed between residents and staff were warm and friendly. Staff spoke positively about their experiences of working in the home

We could see there were clear governance systems in place. One new area for improvement has been made in relation to environmental improvements. One area for improvement has been stated for a second time and two areas for improvement have been carried forward for review at a future inspection.

### 7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 5 (1) (a) (b)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>23 September 2019 | <p>The registered person shall ensure that each resident is provided with an individual written agreement setting out the terms and conditions of their residency in the home. The agreement must include details of the fees payable, the method of payment and the person by whom the fees are payable.</p> <p>Ref: 6.1</p>               |
|   | <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>A written agreement ( licence to occupy) is in place for each resident.</p>  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 30.(1) (f)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>12 March 2021       | <p>The registered person shall ensure that any reportable accident in the home is notified to RQIA within the required timescale.</p> <p>Ref: 6.1</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>This omission has been addressed with the Senior Care Worker. The accident form has been updated to include a section that the manager must sign off to confirm that an RQIA notification has been submitted.</p>   |
| <b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 4.6<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>23 September 2019             | <p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.1</p> |
|   | <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>   |

|  |   |
|--|---|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>25 April 2021</p> | <p>The registered person shall ensure the following environmental improvements are addressed:</p> <ul style="list-style-type: none"> <li>• The refrigerator should be repaired or replaced in the identified bedroom</li> <li>• The skirting board in the identified bathroom should be improved upon.</li> </ul> <p>Ref: 6.2.3</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>Both repairs have been completed.</p>  |

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



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