

Primary Announced Care Inspection

Name of Establishment:	Manor Court
Establishment ID No:	1507
Date of Inspection:	12 June 2014
Inspector's Name:	Maire Marley
Inspection No:	16855

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Manor Court
Address:	Sloan Street Lurgan Craigavon BT66 8NR
Telephone Number:	(028) 3832 9586
E mail Address:	carol.mccoy@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Mrs Fiona McAnespie
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:	41
Scale of Charges (per week):	£450 + £15 Top up fee per week
Date and type of previous inspection:	29 January 2014 Primary Announced Inspection
Date and time of inspection:	12 June 2014 10.00am - 4.30pm
Name of Inspector:	Maire Marley

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 a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this 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 (2008)

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises

- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	16
Staff	7
Relatives	1
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	9

6.0 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 Standards and theme:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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.

7.0 Profile of Service

Manor Court Voluntary Residential Home and Respite Unit was first registered in 1994 and is registered to accommodate 41 residents: 33 residents in Category I (Old and Infirm), three residents in Category MP (E) (Mental Disorder over 65 years) and five persons in Category LD (Learning Disability) in the respite unit, known as the Nightingale.

Manor Court is located within walking distance of Lurgan town centre. The main building comprises of 36 single flatlets, 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.

An extension to the home took place during 2012 with an additional lounge/quiet room with patio doors leading out to an attractive patio area.

An additional secure garden area is available to the rear of the home so that all residents can safely go outside and enjoy the fresh air.

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.

Summary of Inspection

This announced primary care inspection of Manor Court Residential Home was undertaken by Maire Marley on 12 June 2014 between the hours of 10:00am and 4.30pm. The Registered Manager, Ms McCoy was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and six recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that these had been addressed satisfactorily. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, Ms McCoy completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms McCoy in the self-assessment were not altered in any way by RQIA.

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

8.0 Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings

Responding to resident's behaviour – Standard 10

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which stated that restraint is only used as a last resort. It was noted that the policy required to be updated to include the reporting arrangements. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that staff use diversionary tactics to redirect and divert residents. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. It was recommended that further training is provided for the staff in Nightingale Lodge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. Ms McCoy is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Manor Court is substantially compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. The policy should be reviewed and updated. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. It was recommended that the home has a designated budget to ensure there is a range and selection of materials available for use during activity sessions. The records of the activities reflected the variety and frequency of the activities actually provided. The evidence gathered through the inspection process concluded that

Manor Court is substantially compliant with this standard. This assessment is due to the need for further staff training and the budget arrangements for activities.

Resident, representatives, staff and visiting professional's consultation

During the course of the inspection the inspector met with sixteen residents, one representative and six staff.

In discussion with residents they indicated that that they were happy and content with all aspects of their life in the home.

A relative who visited stated they were very happy with the care of their mother and described the care in Manor Court as excellent.

Comments received from residents, relative and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

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 good standard.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

Three requirements and five recommendations were made as a result of the primary announced 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, relative, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 29 January 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 15.(1) (e)	The registered manager is required to submit a variation to registration of the home to ensure it includes the correct number of residents with learning disabilities.	The registered manager submitted a variation to RQIA as requested. The application was approved for Manor Court to provide care for one person with a learning disability.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.3	The registered manager should ensure the residents personal views in relation to their care and achieving any personal outcomes are clearly demonstrated at the resident reviews and this information should be included in residents review reports.	Discussion with the registered manager and a review of care records confirmed that residents personal views in relation to their care and achieving any personal outcomes are included in residents' review reports.	Compliant
2	11.6	The registered manager should ensure that any changes identified in the residents care plans following review are updated immediately.	A review of the care plans confirmed that any change to a resident's circumstances was recorded.	Compliant
3	19.3	The registered manager should ensure that recorded evidence of compliance with Minimum Standards in the recruitment and selection of staff for each staff member is obtained from the HR Department and retained in the home and be available to the inspector.	The registered manager provided evidence of a template introduced following the inspection. The template complied with the Minimum Standards.	Compliant
4	19.6	The registered manager should review and avail of opportunities to help residents or their representatives be involved in the recruitment process where possible.	The registered manager reported and provided information on measures introduced within the home to involve residents in the interview process. This included the use of questions and the resident's expected answers.	Compliant

5	29.4	<p>The registered manager should ensure fire safety training is completed by all staff at six monthly intervals in accordance with Minimum Standards and RQIA Mandatory Training Guidelines</p> <p>The registered manager should ensure the fire training documentation is amended to reflect the six monthly requirements for fire safety training.</p>	<p>Records examined confirmed training in regard to fire safety is organised every six months.</p> <p>The registered manager provided evidence of the amendments to the fire training documentation. The record indicated that fire safety training was provided at six monthly intervals.</p>	Compliant
6	29.2	<p>The registered manager should ensure weekly fire checks are completed in Nightingale Lodge in line with HTM84.</p>	<p>The inspector viewed the fire records retained in Nightingale and found that staff were undertaking weekly fire checks.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff have good knowledge and understanding of residents usual behaviours and communication means. Report written and verbally given each morning/night at handover re each resident. Care Plans reflect how resident to be care for. Risk assessments cover any areas of risk. Staff report to Senior any unusual or changed behaviours.	Compliant
Inspection Findings: The home had guidance in Responding to Challenging Behaviour in Care Services dated 27/3/14. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. Observation of staff interactions, with residents, identified that residents were treated with dignity and respect. A review of staff training records identified that all care staff had received training in behaviours which challenge. A review of eight residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and	Compliant

<p>interventions which promote positive outcomes for residents.</p> <p>A review of the nine returned staff questionnaires identified that staff had received training in challenging behaviour and were in receipt of supervision.</p>	
<p>Criterion Assessed:</p> <p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Care Staff will report any changes, behaviours or concerns they may have to the Senior on duty and they will take appropriate action by contacting any necessary professional ie GP, DN, CPN, Dietician etc. Seniors will always keep in regular contact with Next of Kin re any changes.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The Responding to Challenging Behaviour in Care Services dated 27 March 2014 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Eight care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussion with staff confirmed that relatives are informed of any behaviour that causes concern.</p>	<p>Compliant</p>

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Approach to care is documented in the resident Care Plan. These are signed by the resident if agreeable and have capacity or Next of Kin. All next of Kin aware Care Plans are insitu within the home.	Compliant
Inspection Findings:	
<p>A review of ten care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>The registered manager was requested to obtain guidance from the behaviour support specialist in regard to an identified resident in Nightingale who required a consistent approach from staff.</p>	Substantially compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If resident has a behaviour management problem the appropriate person is contacted ie CPN or Psychogeriatrician for assessment. If it is necessary ABC charts would be kept. Advice from professionals recorded in Care Plan. Next of kin and S/W kept informed	Compliant
Inspection Findings:	
The registered manager informed the inspector that there are currently no residents in Manor Court who have a specific behaviour management programme in place. However there were identified residents in Nightingale who required specific interventions. As stated in 10.3 an identified care plan was discussed and the registered manager was requested to obtain guidance from the behaviour support specialist.	Compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Staff are given Mandatory training in Challenging behaviour and how best to deal with difficult situations. Any guidance given is passed on to care staff at handover times</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in regard to challenging behaviour. Staff in Nightingale Lodge discussed the different behaviour presented by residents who avail of respite. It is recommended that training in break-away techniques is provided for staff who work in Nightingale. The review of care plans revealed that several residents in Nightingale used makaton as their non- verbal communication. Staff reported they had not received training in the use of makaton and therefore a recommendation is made in this regard. Staff expressed during discussion that they felt supported by management and that the support ranged from training, supervision and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviours associated with people who have learning disability and dementia and of the individual needs and preferences of the residents in Manor Court.</p>	<p>Moving towards compliance</p>
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>If it is found that staff are experiencing difficulty managing a particular resident professional advice is sought and if necessary a Multidisciplinary team meeting requested to review the situation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from the 1 April 2014 to 9 June 2014 and discussions with staff identified that residents' representatives, trust personnel and RQIA had been appropriately notified.</p>	<p>Compliant</p>

Staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Restraint is not advocated within Manor Court and Staff would always try every other avenue or approach to resolve a situation. As a very last resort in order to protect the resident from harm or to protect other residents minimal restraint for minimal time would be considered but staff need to be able to justify their actions should this course of action be taken. Restraint policy insitu, however restraint has not been used in Manor Court as a means of resolution.	Compliant
Inspection Findings:	
A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint used in the home which need to be described in the home's Statement of Purpose.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Activities programme changed monthly by the care staff who provide an activity co-ordinators role on a rotational basis. Input from the residents is sought as to what they would like to do. Also resident profile forms states preferred activities. All care staff aware of the importance of a purposeful and enjoyable activities programme.	Compliant
Inspection Findings: The home had a policy dated 2010 on the provision of activities. It is recommended that the policy is revised and updated. A review of ten care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents' Guide provided information pertaining to activity provision within the home.	Substantially Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Records are kept daily of resident participation in activities and levels of enjoyment. Programme looks at resident needs and what they are capable of. It is trying to focus on what they enjoy and what they can achieve. Most residents here have very good family support and go out regularly with family to socialise outside of Manor Court. Coffee mornings are organised resident participation permitting. Spiritual needs met by inhouse service or by family taking resident out.	Substantially compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised twice a day.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>Activities recorded included bingo, floor games, board games, reading newspapers, and walks in garden (weather permitting), darts, crafts, music, beauty and hairdressing.</p> <p>The inspector had the opportunity to observe the afternoon activity delivered by two care staff. The session was a card game based on "old times". It was observed that staff had difficulty in maintaining discussion and it is recommended that staff responsible for activities is provided with adequate training.</p>	Substantially compliant

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>All resident views are sought and all residents encouraged to participate in activities. Residents have a right to choice and if they decline participation this is recorded.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the record of activities and residents meetings and discussion with residents, including three residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Activities are written on the activities board daily and a pictorial form is also displayed. The activities board is located outside the common room. A copy of the monthly activity planner is also in each resident room.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in the hallway. Each resident also has a copy of the activities in their bedroom. This is commended. This location was considered appropriate as the area was easily accessible to residents and their representatives. The programme of activities was presented in pictorial format to meet the residents' needs.</p>	<p>Compliant</p>

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Two staff help residents participate in activities programme daily. Equipment is provided and activity book insitu to give care staff ideas for enjoyable and purposeful activities for all needs.	Compliant
Inspection Findings:	
Activities are provided for approximately an hour in the morning and an hour in the afternoon by designated care staff. Staff showed the inspector the equipment used for activities for example board and floor games. It is recommended that a designated budget for the provision of activities is in place. As previously stated in 13.2 training should be provided for staff responsible for the provision of activities.	Substantially compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activity record includes the times that the activities took place. Who participated, who declined and the level of enjoyment of the particular activity. There are group activities and one-to-one activities which consider the needs and wishes of each resident.	Compliant
Inspection Findings:	
The designated care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>No contracted activity people come in apart from the hairdresser who is skilled and insured. Anyone providing a voluntary service would be monitored by staff at all times.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore, this criterion is not applicable at this time.</p>	<p>Not applicable</p>
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Hairdresser would be informed if there was a change she needed to be aware of such as reduced mobility</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.</p>	<p>Not applicable</p>

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes the activity file contains daily feedback about the activity and who participated, who declined and the level of enjoyment of the activity	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity programme looked at monthly and does consider all resident needs and abilities. The care staff are rotated every 6 months so everybody gets the opportunity to plan and organise the activities programme along with the residents.	Provider to complete
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed in May 2014. The records also identified that the programme is reviewed monthly as detailed in the provider's self -assessment. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with sixteen residents individually. 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.

The comments received by the inspector were positive in relation to the food provided and the kindness of the staff comments included:

- "The staff here are just lovely"
- "I enjoy the meals and if you don't like it you can ask for something different"
- "No complaints I'm very happy here".
- I enjoy the different games it gives me something to do"
- I don't really like to join in the activities as I do a lot of writing, listening to my music but I know they are there if I want them"

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complimented staff in this regard. No concerns were expressed or indicated. Comments expressed to the inspector included:

- "Absolutely no concerns"
- "I'm delighted with the care my mum receives"
- "An excellent home"

11.3 Staff consultation/Questionnaires

The inspector spoke with five staff on duty. Two care staff in Nightingale Lodge, a senior care assistant, three care assistants and a cleaner in Manor Court. In addition, a number of staff completed and returned questionnaires. Discussion with staff identified that they were supported in their respective roles. Staff demonstrated awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place. Several staff expressed the difficulties with the increased dependency of residents, lack of time to undertake activities, lack of training in regard to breakaway techniques, use of makaton and difficulties answering the door in Manor Court when working with residents. This information was shared with the manager who stated that the difficulties experienced with the buzzer system for the entrance to Manor Court had been recognised and work was in progress to change the system.

Additional comments received from staff included:

- “Staff here work well together we all get on”
- “The manager is very approachable”
- “No difficulties with any of the residents”
- “Things have greatly improved”

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. Recommendations are made in this report in regard to training for staff in the areas of break-away techniques, the use of makaton and the provision of activities.

11.4 Visiting professionals’ consultation

There were no professionals visiting during the period of inspection.

11.5 Observation of Care practice

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Complaints

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being appropriately managed.

11.7 Resident/Dependency Information

Resident dependency information was forwarded to the RQIA prior to the inspection. It was noted that the dependency of a number of residents had increased. The inspector was informed during the inspection that a high number of residents had a diagnosis of dementia. A requirement was made to review the staffing levels within Manor Court to ensure that residents assessed needs are met. In addition the organisation must undertake a dementia audit of Manor Court using a recognised audit tool.

11.8 Environment

During the inspection the inspector completed a tour of the premises including both Manor Court and Nightingale Lodge accompanied by the registered manager. The areas of the environment viewed by the inspector 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 good standard. The registered manager was requested to confirm the issue in regard to the entrance to Manor Court has been addressed.

11.9 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

The inspector examined the home's fire safety risk assessment which is due to be reviewed in August 2014.

The review identified that the recommendations made as a result of the previous assessment had been duly addressed.

A review of the fire safety records evidenced that fire training, had been provided to staff on 5 April 2014, 4 April 2014 and the 9 April 2014. The records also identified that a drill had been undertaken and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Carol McCoy registered manager, 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:

**Maire Marley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Primary Announced Care Inspection

Manor Court

12 June 2014

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 during 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (2) (c)	The registered manager must confirm that the arrangements in regard to the entrance of Manor Court have been addressed.	One	The Association has ordered a new door entry system for Manor Court. With lead in and installation times this cannot be achieved in the time line set in the QIP. The Registered Manager will revert to RQIA to confirm when installation is complete.	No later than 30 June 2014
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.	One	The review discussed with the Inspector relies on the availability of an independent consultant. The review is arranged for but not yet complete and it was not possible to have this done within the timeline set. The Registered Manager will confirm the outcome to RQIA as soon as that is available.	No later than 31 July 2014
3	27 (2) (a)	The registered manager must confirm that a dementia audit has been undertaken in Manor Court.	One	The audit will be completed by the date specified.	No later than 30 September 2014

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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	The registered manager should confirm that staff in Nightingale has received training in the following areas; <ul style="list-style-type: none"> • Break-away techniques • The use of makaton 	One	At the point of returning the QIP the Registered Manager is in contact with the SALT team within the HSCT who commission the service for the provision of training in makaton. A training provider has been sourced for break away techniques.	No later than 30 September 2014
2	10.4	The registered manager should confirm that guidance from the behaviour support specialist has been obtained for the identified resident.	One	The respite guest has been referred to the behavioural support team within the HSCT and the Registered Manager is liaising with that team.	No later than 31 July 2014
3	13.1	The registered manager should confirm that the policy on activities has been revised.	One	Policy revised and awaiting governance approval by the Association's Board of Management in August 2014.	No later than 31 July 2014
4	13.5	The responsible person should confirm that a designated budget for the provision of activities is in place.	One	Confirmed.	No later than 31 July 2014
5	13.2	The registered manager should confirm that staff in Manor Court has received training in the provision of activities.	One	A training provider has being sourced and training booked to occur during September.	No later than 30 September 2014

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 returned 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		H. Marley	12/8/14
Further information requested from provider	✓		