



Unannounced Care Inspection Report 14 January 2020



Manor Court

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

www.rqia.org.uk

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 registered residential care home which provides care for up to 41 residents. Five residents live in the Nightingale Unit which provides respite care for adults who have a learning disability. A further 36 residents live within the main part of the home which is divided into four separate units over two floors. The categories of care for which the home is registered are cited below in section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Radius Housing Association</p> <p>Responsible Individual: Fiona McAnespie</p>	<p>Registered Manager and date registered: Carol McCoy, 21 November 2013</p>
<p>Person in charge at the time of inspection: Carol McCoy, Registered Manager</p>	<p>Number of registered places: 41 residents comprising: RC- I RC- DE RC – MH (E)</p> <p>LD and RC-LD(E) X 5 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.</p>
<p>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</p>	<p>Total number of residents in the residential care home on the day of this inspection: 39</p>

4.0 Inspection summary

An unannounced inspection took place on 14 January 2020 from 11.00 hours to 15.30 hours.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents. There was also evidence of good team working, multi-professional collaboration and effective communication.

Areas requiring improvement were identified. These related to notification of accidents to RQIA and improvements within the Nightingale Unit; table cloth replacement, storage of items within the dining room and repainting of one bedroom wall.

Residents described living in the home as being a good experience. No issues or concerns were raised or indicated. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and with staff.

Comments from residents and their representatives are included in the main body of this report.

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
Total number of areas for improvement	*1	*4

*The total number of areas for improvement includes one regulation and one standard relating to the finance inspection which were not reviewed. These are carried forward and will be reviewed at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Carol McCoy, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care and finance inspections, registration information and other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was completed by a resident's relative and returned to RQIA following the inspection.

During the inspection a sample of records was examined which included:

- staff duty rotas from 6 January 2020 to 14 January 2020
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- selection of accident/incident records
- reports of visits by the registered provider; November 2019 and December 2019.
- RQIA registration certificate
- Fire risk assessment

Areas for improvements 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 the last care inspection dated 19 August 2019

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
Area for improvement 1 Ref: Regulation 5 (1) (a) (b) Stated: 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Not reviewed at this inspection.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 4.6 Stated: 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Not reviewed at this inspection	
Area for improvement 2 Ref: Standard 15.2 Stated: First time	The registered person shall ensure that for the identified resident, their "consent to additional services" form is shared with the person controlling their money i.e. their solicitor.	Met
	Action taken as confirmed during the inspection: The manager advised that this improvement is not necessary as the resident is no longer in the home.	
Area for improvement 3 Ref: Standard 35.1 Stated: First time	The registered person shall ensure that paper notices cello taped to tables are removed or laminated to allow for daily cleaning to take place.	Met
	Action taken as confirmed during the inspection: Inspection of the home confirmed that notices were laminated.	
Area for improvement 4 Ref: Standard 25.1 Stated: First time	The registered person shall ensure that consideration is given to the appointment of an activity co-ordinator so that the therapeutic, social and recreation needs of residents can be met.	Met
	Action taken as confirmed during the inspection: The manager explained that this had been discussed with senior management and a further meeting was being arranged to discuss this improvement.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival at the home we were welcomed by the manager who remained on duty throughout the inspection.

An inspection of the home, including the Nightingale respite unit, was undertaken. We spoke with staff and several residents who were observed to be appropriately clothed with personal care needs attended. Staff within the Nightingale respite unit explained that there were five residents accommodated with three out at their day care placement and two remaining in the unit until discharge later in the day. One day care service user, who came mid-morning, was also present until 2pm.

We saw that residents were enjoying their mid-morning tea in the main lounge and in the reception hall. Residents told us that they enjoyed watching and talking to visitors as they came and left. Residents also commented that "All is well" and "We had breakfast earlier and enjoyed it".

The manager explained that staffing levels were safe and met the needs of residents accommodated; staffing levels were determined in accordance with the dependency levels of the residents' accommodated, general layout of the home and fire safety. The manager further explained that the needs of one resident were being reviewed by the commissioning trust with a view to the possible transfer to nursing care.

The manager advised that staffing levels were kept under review to ensure the needs of residents were met. We asked staff and residents about staffing levels. Staff said that at times it can be difficult to do everything, especially therapeutic activity, when notice of unexpected staff leave occurred and there was no cover available at short notice. Staff said the appointment of an activity therapist would greatly enhance the social aspects of care. This was discussed with the manager who advised that talks with senior management were taking place in this regard.

Residents told us they found that the staff were always about helping them with things. No staffing issues or concerns were raised or indicated by residents during the inspection. We noted that call bells were answered promptly by staff.

The manager explained that electronic systems were in place for staff registrations with Northern Ireland Social Care Council (NISCC) which were closely monitored.

The manager explained that there were currently three staff vacancies and following advertisement they were finding it difficult to get suitable staff. A further recruitment drive is planned including the display of a banner requesting people to apply for posts. In the meantime flexi staff or additional hours are worked by permanent staff to provide cover for vacant posts. The manager also explained that employment of an activity therapist was being discussed with senior management.

The staff duty roster for the previous week of the inspection was reviewed. The roster reflected the staff on duty, as explained by the manager, including shifts for the twelve hours day and night duty. Staff grades and shift hand over time was included.

Discussion with staff and the manager provided assurance that staff were effectively supported by way of the “open door” policy operated by the manager, regular discussions, staff meetings, supervision and annual appraisals. Staff who spoke with us expressed a high level of satisfaction with the support they received. Records of supervision and appraisals were retained.

Mandatory staff training records were discussed and reviewed. Mandatory training was observed to be ongoing with additional training provided to meet the assessed needs, such as a two day dementia course for some senior care assistants and one day dementia awareness for care staff. Training in risk assessment, records management and handling of residents personal finances was also provided. Staff who spoke with us stated they had good training which was necessary and enabled them to provide good care to residents in accordance with their roles and responsibilities. Staff said that the manager was open to suggestions on training and that this would be discussed at team meetings, supervision and annual appraisal.

Staff induction programmes were in place for newly appointed staff. These were observed to be robust, completed with competency signed and dated.

The management of falls was discussed with the manager who advised that an adapted falls tool kit was used which included risk assessment, audit to identify trends and patterns, post falls management including review of care planned care and referral to the trust falls clinic.

Records of accidents/incidents were discussed with the manager and several cross referenced with notifications submitted to RQIA. The manager advised that learning from accidents and incidents was disseminated to staff and relevant parties and action plans developed to improve practice. One issue arising related to a work related accident which occurred within the kitchen. Appropriate notification and action was taken under Health and Safety Regulations (RIDDOR) with records retained. However, no notification was submitted to RQIA. The manager readily agreed to retrospectively submit this to RQIA. Failure to notify RQIA within the three day timescale was identified as an area of improvement as all accidents occurring in the home must be notified in accordance with Regulation 30 (1) (f) of The Residential Care Homes Regulations (Northern Ireland) 2005.

All areas of the home including the Nightingale unit were observed to be clean, comfortably heated, appropriately furnished and fresh smelling. We noted some areas requiring improvement. This included the need for additional storage space for a day care service user's belongings, replacement of one dining room table cloth and a wall in a back bedroom which required attention.

One relative's questionnaire was completed and returned to RQIA following the inspection. This respondent indicated they were very satisfied that the care provided was safe. One comment recorded included: “I just want to say how happy I am with the care, it really makes me more content that my mother is well looked after”.

We spoke with eleven residents individually and with others in small group format. Residents who were able to articulate their views spoke positively about the care provided and confirmed that staff were always around to see to them when needed. Some comments included:

- “I think the care is good, staff see to everything.”
- “We feel very safe here as there are always staff to help me get up each day and the home is kept clean; I don’t have to worry about anything now.”

All fire doors were observed to be closed and fire exits unobstructed. Staff had received fire safety training on 2 September 2019 and on 11 November 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management.

Areas for improvement

Two new areas for improvement were identified regarding the notification of accidents to RQIA and improvements to the environment within the Nightingale unit.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Three residents care records were provided for review. Records reviewed contained all necessary documentation and recordings including, needs assessments which were complemented with risk assessments, care plans, daily progress notes and care reviews. Records were also retained of residents’ weights which were undertaken and recorded on a monthly basis. Excessive weight gain or weight loss was notified to the general practitioner for onward referral to the trust dietician. We noted that one care plan authorisation/consent for medication form was unsigned. The manager readily agreed to address this matter with the senior care staff member.

Reference to the title recorded on the pre-admission assessment, “Supported Living/Housing with Care,” and reference to “tenant” within the document, was discussed with the manager as this is not appropriate for a residential care home. The manager readily agreed to discuss, review / revise this with senior management.

Discussion with the manager and review of care records evidenced multi-professional interventions in regard to the identified actual and potential needs of residents. Professional staff included for example; general practitioner, district nurse, social worker, speech and language therapist, podiatrist and optician.

Systems were in place for the monitoring of residents health screening such as dental, hearing aids, optician, or hospital appointments with records retained.

Staff who spoke with us confirmed that the needs of residents were met and that the care provided was effective. They explained how referral was made to the district nurse should any nursing interventions be required, for example, injections and wound management. Records of visits undertaken were recorded within care records.

There was evidence of effective communication within the home to ensure that staff and residents and/or their representatives were kept fully informed of the service provided. Staff explained that they received a shift hand over report from the night staff each morning to ensure they were aware of how residents slept and if any changes had occurred to the residents care plan. Other shift hand over reports takes place at each staff duty shift change. Residents and staff meetings continue to be provided with minutes retained and shared. Records of staff supervision and annual appraisals schedule evidenced that these had been completed for 2019 with a new schedule displayed in the office for 2020. There was evidence of good information sharing for residents and their representatives contained on the notice board within the hallway, for example, outcome of satisfaction survey, weekly planned activities, how to complain and various health topics.

We could see that residents were comfortable and content with no aimless wandering around the home. They were attended and assisted by staff in a prompt timely manner. No issues or concerns were raised or indicated by residents or staff.

When we spoke with staff they had a good knowledge of people's abilities and level of decision making; staff knew how and when to provide comfort to people because they knew residents needs well.

One relative's questionnaire was completed and returned to RQIA following the inspection. This respondent indicated they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observation throughout the inspection confirmed that residents were treated with dignity and respect.

Residents were observed to be nicely groomed, comfortable and relaxed when speaking with staff and with their environment. Staff were observed to be friendly, polite, warm and supportive when speaking with residents.

We observed staff offering choice to residents for example; where they would like to sit and if they wanted to participate in the planned reminiscence activity. Choice was also offered at meals and during morning and afternoon snacks. The choice of television programmes shown and back ground music played was noted to be appropriate to the age group and residents' preferred choice.

During our inspection we observed the display of residents' personal memorabilia within bedrooms alongside some personal furnishings. Residents told us that they liked their rooms which were always kept clean by the staff.

Staff demonstrated good knowledge of residents personal back ground and interests, which were discussed and recorded on admission which helped them meet the social wellbeing of residents. This was confirmed by one resident who told us they liked football and boxing and staff made sure matches and fights were shown on TV.

Comments made by residents during the inspection included:

- "I like it here and staff are friendly and kind."
- "I prefer to just watch things going on and know that I can join in the activities if I want to, we are not made to do things, it's my choice."
- "I can go to bed and get up when I choose, sometimes I take a lie in."

One relative's questionnaire was completed and returned to RQIA following the inspection. This respondent indicated they were very satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The management structure of the home and organisation were as stated within the statement of purpose.

The home's current registration certificate and liability insurance were displayed within the hallway of the home.

The manager, who was on duty through the inspection, explained that she continues to be very well supported by senior management and at operational level by a team of mixed skill care workers, ancillary and clerical staff member. When off duty an identified senior care worker would take charge of the home. Competency and capability assessments of staff are undertaken to ensure they have the knowledge and skills to take charge. Records of competency and capability were retained.

There was evidence of good governance with systems and processes in place for the smooth running of the home. The manager explained that monthly meetings were held with senior management to provide feedback and any planned or proposed improvements. The manager told us that she would place a case for the appointment of an activity co-ordinator with senior management.

Review of complaints records and discussion with staff established complaints were managed effectively within the home. Records of complaints were retained.

The manager confirmed that monthly monitoring visits were conducted with reports provided. Reports dated November 2019 and December 2019 were reviewed. These reports evidence good governance systems were in place including action planning where required.

Staff who spoke with us stated that the manager was a good leader and was always approachable, understanding and supportive.

Residents told us they knew who the manager was as she was always around asking how they were keeping. They advised that they would not hesitate to tell her or the staff if they were unhappy about anything.

One relative's questionnaire was completed and returned to RQIA following the inspection. This respondent indicated they were very satisfied that the care was well led/managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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 McCoy, 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 care 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2019</p>	<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>Response by registered person detailing the actions taken: Each resident is provided with an individual written agreement which sets out the terms of the scheme.. This includes details of the weekly charge. Once agreed the Annual Regional Rate is confirmed the local Trusts notify all residents of any fee changes. Radius notifies all self funders of any change to fees. All residents are notified in conjunction with Trust approval of any change to the Top up payment.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 30 (1) (f)</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2019 and ongoing</p>	<p>The registered person shall ensure that any reportable accident in the home is notified to RQIA within the required timescale.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The accident involving a contracted member of staff was forwarded to RQIA on the day of the Inspection.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2019</p>	<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>Response by registered person detailing the actions taken: The resident or their representative are always informed in writing of any change to the agreement. A signature to reflect their awareness will be sought.</p>

<p>Area for improvement 2</p> <p>Ref: Standard E 52</p> <p>Stated: First time</p> <p>To be completed by 31 January 2020</p>	<p>The registered person shall ensure that improvement is made within the Nightingale unit in regard to the following areas:</p> <ul style="list-style-type: none"> • Identify a suitable storage space for storage for a day care service user. • Make good the marked wall within the back bedroom. • Replacement of the dining room table cloth <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: These improvements have been completed.</p>

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



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care