



Unannounced Care Inspection Report 16 January 2019



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.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered with RQIA to provide care and accommodation for 41 persons in the categories of care as cited on the home's certificate of registration and as detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Carol McCoy
Person in charge at the time of inspection: Carol McCoy	Date manager registered: 21 November 2013
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 41 Include abbreviated categories with numbers if more than one category of care registered e.g. Total number 41 comprising: 25 – RC - I 10 – RC - DE 06 – RC – LD (five residents within the Nightingale Respite unit and one resident within the main home)

4.0 Inspection summary

An unannounced care inspection took place on 16 February 2019 from 10.40 to 17.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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 found in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents, the management of falls, meals and meal times, environment, staff training and evidence of good team working relationships.

No areas requiring improvement were identified.

Residents said they received good care from friendly staff and liked living in Manor Court.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 20 residents, six staff, and one resident's relative.

A total of 15 satisfaction questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Fourteen questionnaires were returned within the timescale from residents and one from a residents' relative. No questionnaires were received from staff.

The primary focus of this inspection was on the management of accidents/falls and the standard of meals and meal times.

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

- staff duty rota
- staff training schedule and training records
- three residents' care files
- Statement of Purpose and Resident's Guide
- complaints records
- audits of accidents and incidents.
- menus
- accident and incident records
- Staff induction
- minutes of recent residents' meetings/ representatives' meetings/ other
- reports of visits by the registered provider
- legionella risk assessment
- fire safety risk assessment and associated fire safety records
- programme of activities
- policies and procedures relevant to this inspection

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager, Carol McCoy at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 June 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 June 2018

Areas for improvement from the last care 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 20.15 Stated: Second time	The registered person shall ensure accidents; incidents and other notifiable events are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. These should include adequate attention to detail regarding times, dates, and types of accidents, incidents and notifiable events. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Records of notifiable events were reviewed and discussed with the registered manager. The registered manager advised that she was undertaking a review of all notifications before submission to RQIA. Improvement in recording of details was noted.	

Area for improvement 2 Ref: Standard 25.1 Stated: First time To be completed by: 21 July 2018	The registered person shall review staffing levels to ensure the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and lay out of the home, the statement of purpose and fire safety requirements. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The registered manager and staff who spoke with the inspector confirmed that residents' needs were being met and that additional staff had been appointed to cover the twilight shift over seven evenings each week and that an additional staff member appointed to work across floors as required and an additional senior care assistant to work mornings. Residents who spoke with the inspector advised that they satisfied with staffing and that staff were always available to assist them when required. They advised that they never felt that staff rushed when assisting them with care. No issues or concerns were raised or indicated by residents.	

6.3 Inspection findings

6.4 Is care safe?

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

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

Residents were observed in various locations of the home. Several residents were comfortably seated within small groups in the main lounge, quietly conversing, while others choose to sit in comfortable chairs at the main reception hallway reading papers and watching the comings and goings of people entering and leaving the home. Some residents choose to remain within their bedrooms watching television, knitting or reading. All residents were observed to be neatly dressed with their personal care needs attended. Residents were observed to be relaxed and move freely around the home. Several residents mobilised with the aid of zimmer frames or rollators. Residents spoke openly with the inspector and indicated satisfaction with the care provided and the availability of staff to assist them when required.

Residents in receipt of respite care within the Nightingale unit had left the home on the morning of inspection to attend their commissioned day care placement. Staff were undertaking preparation for new admissions and one care review was being held with the commissioning trust.

The registered manager advised that the staffing levels for the home were satisfactory in meeting the care needs of residents accommodated and that staffing was subject to regular review to ensure the assessed needs of the residents were met. The registered manager explained that there had been a recent review of staffing levels alongside resident dependency levels. As a result an additional senior care assistant and a twilight staff member were appointed to provide care during the busy morning and evening shifts. The registered manager explained that medications were now being administered within the timescales by two senior care staff. One senior care staff to each floor to administer medications has made a difference.

The registered manager explained that agency staff are not used and that leave is covered by the home's bank staff or part time permanent staff who work additional hours and agency staff are not used.

No issues or concerns were raised or indicated regarding staffing levels within the fourteen returned satisfaction questionnaires to RQIA or during discussions with staff, residents and one visitor. A review of the staff duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for newly appointed staff, relevant to their specific roles and responsibilities.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were not reviewed during this inspection.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff demonstrated good knowledgeable and understanding of adult safeguarding policy and principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised that restrictive practices continue to be used within the home, notably the use of locked doors, keypad entry systems, pressure alarm mats, stair gate and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines and readily available to staff.

Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities.

Inspection of the home confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff continue to adhere to IPC procedures.

Good standards of hand hygiene were observed to be promoted among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Audit records were available of regular hand washing activity.

The registered manager reported that there had been no outbreaks of infection since the previous care inspection and that any outbreak occurring would be managed in accordance with home's policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Records of audits of accidents/falls were undertaken on a monthly basis and analysed by the registered manager to identify themes and trends; an action plan was developed to minimise the risk where possible. The registered manager explained that the majority of falls involved residents who were independent of staff assistance to mobilise and occurred within residents and that despite advising residents at risk of fall to use their call bell for staff assistance some residents choose not to and preferred to take a risk. With the resident's approval referral was made to the trust fall's team for comprehensive assessment. Care records examined reflected risk assessments and care plans in place to minimise recurrence of the identified risk.

An overview of accidents/incidents was undertaken by the registered provider during monthly visits and reported within the monitoring report. The registered manager reported that all falls occurring are notified to the commissioning trust governance team for monitoring purposes.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean, had adequate lighting and was appropriately heated. A wide range of notices and booklets on healthy living were displayed on notice boards throughout the home.

The home had an up to date Legionella risk assessment which was dated 23 August 2018. Recommendations for improvement were reported to be a work in progress.

The home had an up to date fire risk assessment which was dated 16 July 2018. Six areas for improvement were recorded as having been addressed.

The RQIA Estates Checklist details was completed and returned to RQIA by the registered manager as requested.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Review of the staff training matrix evidenced that staff had completed mandatory training as required.

Residents, staff, visiting professionals and one resident’s relative spoken with during the inspection made the following comments:

- “The staff here are very good, couldn’t get better.”(resident)
- “I’m content here, everything is good”.(resident)
- “Yes I feel safe here staff come to help us when we call them” (resident).
- “I am very happy with my mother’s care here, no complaints whatsoever”. (relative)
- “I feel the care provided is very good and staff go that extra mile to ensure” (staff)
- “We can meet the needs of residents with the current staffing levels” (staff)

14 completed questionnaires were returned to RQIA from residents and one residents’ representative. Respondents described their level of satisfaction with this aspect of safe care as “very satisfied”.

Comment made within one questionnaire returned was as follows:

- “Not enough staff” (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified within this area of inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager, residents and observation of practice established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR) An electronic system for care recording was in place alongside hard copies of additional information including for example; preadmission needs assessments and care reviews. Staff training in GDPR had been provided.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs which were complemented with risk assessments, life history, person centred care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Care records reviewed also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

The registered manager explained that she was following up with the commissioning HSCT regarding one resident's care review which was overdue.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents choice of where they liked to sit at meal times and their preference in regard to the provision of activities and meals.

The provision of meals and meal times was discussed with the cook and associated menu reviewed. The cook explained that Radius had recently changed the commissioning of meals contract with another provider which was due to commence the following week of inspection. Daily meals shown on the three weekly rotating menus were considered to be varied and nutritious. Menus were displayed in a suitable format and in various locations within dining rooms on each floor so that residents and their relatives know what is available each day. Choice of main meals was available to residents and to those on special or therapeutic diets. Residents confirmed that they were consulted each day in regard to their choice of meal. A record of choice was retained. Records of meals taken were retained with any variations recorded.

Residents' meals were served in the four dining rooms, one within each corridor adjacent to residents' bedrooms. Dining room tables were observed to be nicely set with a range of condiments and fluids available. Meals served were respectively presented by staff with adequate portions served. Staff assisted and supervised residents as required within each dining room.

Main meals were served at breakfast, lunch and evening tea times, hot and cold drinks were served mid-morning and afternoon and fresh drinking water was observed to be provided at all times throughout the home.

The manager advised that staff had been trained in the use of the International Dysphasia Diet Standardisation Initiative (IDDS) to ensure that residents who needed a specialised diet were provided with the correctly textured food or fluids. A colourful flow chart in this regard was displayed on the staff notice board.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy to everyone in regard to communication within the home.

Residents and staff spoken with during the inspection made the following comments:

- "I feel we are very well looked after." (resident)
- "The food is good; we have a choice each day." (resident)
- "I feel there is a good, varied range of food with choice provided" (staff)
- "Special and therapeutic diets are provided as required" (staff)

Fourteen completed questionnaires were returned to RQIA from residents and one resident's relative. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, meals and meal times, communication between residents, and staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with residents and staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence and dignity.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place where appropriate.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, daily discussions, residents' meetings and visits by the registered provider.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, availability of national and local newspapers, passive exercises, religious worship, quiz games, coffee outings, arts and crafts. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, visitors are welcome. One local musician who visits the home on a regular basis played entertaining music with sing along for residents during the afternoon of the inspection.

Residents and staff spoken with did not raise any issues or concerns with regard to compassionate care.

Residents, staff and one resident's visitor spoken with during the inspection made the following comments:

- "This is a good place to be, the staff are great, very kind and caring." (resident)
- "Staff are always respectful and I feel well looked after."(resident)
- "I have many friends here and when I was at home I didn't see or get to talk to many people". (resident)
- "I have whatever I want here and staff go out of their way to do things for me".(resident)
- "We always treat residents with dignity and respect".(staff)
- "The staff are great, couldn't get better." (relative)

Fourteen completed questionnaires were returned to RQIA from residents and one resident's representative. All respondents described their level of satisfaction with the compassionate aspect of care as "very satisfied".

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 registered manager who remained on duty throughout the inspection outlined the management arrangements and systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The registered manager advised that one complaint received was being investigated and that the outcome would be shared with RQIA.

The home retains compliments received; many thank you letters and cards were received and shared with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that improvement was made since the previous inspection as these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular monthly audit of accidents and incidents undertaken by the registered manager was reviewed. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. Reference to falls is also cited within section 6.4 of this report.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

The registered manager stated that the registered provider was kept informed regarding the day to day running of the home by way of regular management meetings, supervision, telephone calls, emails and frequent visits to the home.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents and staff spoken with during the inspection made the following comments:

- “The manager operates an open door so we can talk with her at any time” (staff)
- “I think this is a very well run home and I wouldn’t want to be moved” (resident)
- “We have a good team here and feel that we receive good support from the manager” (staff)

Fourteen completed questionnaires were returned to RQIA from residents and one resident’s representatives. All respondents described their level of satisfaction with the well led aspect of care as “very satisfied”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, management of complaints, incidents/falls, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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