



Unannounced Care Inspection Report 19 August 2019



Manor Court

Type of Service: Residential Care Home

**Address: Sloan Street, Lurgan,
Craigavon, BT66 8NR**

Tel No: 028 3832 9586

**Inspectors: Priscilla Clayton (care)
Briege Ferris (finance)
Raymond Sayers (estates)**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 41 residents. The home is divided into two units; one small respite facility, known as the Nightingale Unit, for five residents with learning disability in receipt of respite care. The main home can accommodate up to a maximum of 31 permanent residents within the categories of care as cited within 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</p>	<p>Number of registered places: 41</p> <p>The 5 persons accommodated in the Nightingale Respite Unit Categories RC-LD and RC-LD(E) shall be located in the Respite Unit (and 1 person in category RC-LD (E) within Manor Court. Categories within the main home includes; RC-I; RC-MP (E); RC-MP; RC-DE.</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: Total of 41 residents including 5 residents within Nightingale Respite Unit.</p>

4.0 Inspection summary

An unannounced inspection took place on 19 August 2019 from 08.35 hours to 15.00 hours.

This inspection was undertaken by the care inspector supported by the estates and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care and estate inspections 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 the overall governance arrangements including; the provision of a culture and ethos which supported residents' rights and values of dignity and respect. We identified effective communication with residents and staff, good team working, staff training, supervision and appraisal, adult safeguarding, risk management and the home's environment. Positive feedback on the care provided was received from residents, relatives and staff. No issues or concerns were raised or indicated.

Evidence of good practice was found in relation to the implementation of an effective planned maintenance regime. Building services maintenance service inspections were conducted in accordance with relevant British Standards Codes of Practice.

Evidence of good practice was found in the management of residents' monies and valuables.

Areas requiring improvement are cited within the appended QIP.

Residents described living in the home as being a good experience/in positive terms.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Carol McCoy, registered 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 care inspection dated 16 January 2019.

No further actions were required to be taken following the most recent care inspection on 16 January 2019.

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 estates inspection, correspondence received, registration information and any 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. Four questionnaires were returned to RQIA from relatives of residents.

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

- staff duty rotas
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate
- Indemnity insurance
- activity records
- a sample of residents' income and expenditure records
- a sample of records of the reconciliation of residents' monies and valuables
- financial policies and procedures
- a sample of residents' comfort fund records
- a sample of residents' personal property records
- a sample of hairdressing and podiatry treatment records
- three residents' finance files
- Fire Risk Assessment
- BS5839 fire detection & alarm maintenance service certificates
- BS5266 emergency lighting maintenance service certificates
- BS5306 Pt 3 firefighting equipment service certificate
- Legionella risk assessment
- Sterilisation record for Hot & Cold water storage & distribution system
- BS7671 Periodic Inspection Report for Electrical Installation
- Lifting Operations & Lifting Equipment Regulations (LOLER) reports or passenger lift installation & hoists/slings
- Gas Safe Register inspection report for kitchen gas appliance

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 last care inspection dated 16 January 2019

There were no areas for improvements made as a result of the last care inspection.

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.

Staff were observed to be busy assisting and supporting residents with their personal care in preparation for breakfast which was served within dining rooms positioned in each corridor. Some residents choose to have their breakfast within their bedrooms. One senior care assistant had commenced administration of medications to residents.

Residents who were on respite care within the Nightingale unit were up washed and dressed. Two residents, who had their breakfast, left the home to attend day care. The remaining three of the five residents accommodated were having breakfast. Care within this unit was provided by two care staff, one acting senior and one care assistant.

An obvious staff presence was observed throughout the home. Call bells were promptly responded to by staff.

Review of the staff duty roster evidenced staff on duty, hours worked and who was in charge.

The manager advised that two vacant care staff posts were being covered by permanent staff working extra hours or bank staff when available. One staff member said that sometimes no cover is provided when staff go off duty unexpectedly. This was discussed with the registered manager who advised that every effort is made to provide cover at short notice but that this was sometimes difficult. The appointment of replacement staff for vacant posts would resolve this matter. Residents, staff and the manager confirmed that the needs of residents' were being met.

The administration of medications was discussed with the registered manager as it was noted a delay had occurred earlier in the morning. The manager explained that the second senior care assistant was unexpectedly off duty and that she undertakes the additional assistance as required. Two medication administration trollies are utilised to ensure timely administration by two staff.

The manager explained that staff selection and recruitment records were retained in the human resource department at head office and that all new staff were appointed in accordance with staff employment legislation and the Residential Care Homes Minimum Standards.

The manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that their registrations were closely monitored to ensure staff re-register within the required timescale.

The manager told us that all new staff undertakes a period of induction with a designated mentor to provide support and guidance in accordance with the role and responsibility of the post held. One staff member told us they had a good induction programme which included mandatory training which enabled them to be competent in the provision of safe, effective care for residents.

The manager explained that staff mandatory training was provided as required with records of attendance held electronically. Staff told us that they had received their mandatory training over a two day period and that additional training in dementia was provided. Staff demonstrated good understanding and knowledge of adult safeguarding and the procedure to follow should an allegation or actual safeguarding issue arise. An adult safeguarding policy/procedure was readily available to staff.

The manager explained that all staff are provided with individual supervision on a six monthly basis or more frequently if required. Annual appraisal is also provided. Records of scheduled supervisions and appraisals were retained.

The home had a general health and safety risk assessment which was dated 27 February 2018. The manager told us that this had been reviewed and revised for 2019 by senior management/governance team and that she would seek an additional copy. The assessment covered all identifiable risks with actions/interventions included.

The management of accidents/incidents (including falls) was discussed with the manager and records cross referenced with notifications received at RQIA. The manager explained that referral of residents to the trust falls clinic was made when deemed necessary. Audits of accidents and incidents were undertaken on a monthly basis.

Observed restrictive practice within the home included the use of key pad entry and exit doors. Staff explained that currently this was the only restrictive practice used and was necessary in the best interest of health and safety of residents accommodated. Placement of residents within the home was made by the commissioned trust as requiring this level of care. In light of the implementation of the new aforementioned Mental Capacity Act – Deprivation of Liberty (2016), review of the pre-admission capacity assessment by the commissioning trust will be necessary if any restrictive practice is prescribed.

All residents who spoke with us gave very positive feedback in regard to the care provided. Comments from residents included:

- “I feel really safe here, the staff are great and we are treated very well, no complaints from me.”
- “This is a good home, I’m not for moving, and you couldn’t get better staff anywhere.”

Four relatives told us that they were very satisfied with the care provided.

Two relatives said:

- “You will not get better staff anywhere.”
- “I can leave here knowing that my relative is safe.”

All areas within the home were clean. The home was furnished and decorated to a good standard.

All areas throughout the home were observed to be clean organised and fresh smelling throughout. Residents’ bedrooms were similar in size yet differently decorated with personal items displayed. The main lounge was comfortably furnished and decorated. Areas in which residents have access were bright, well maintained and welcoming. Inspection of the home confirmed that a very good standard of cleanliness was evident throughout.

Staff training in infection, prevention and control (IPC) was provided as required. IPC resources were readily available to staff, for example, disposable gloves, aprons, liquid hand soap and disposable hand towels wherever care was delivered. The cello taping of staff notices on medication table tops was discussed with the registered manager as these would inhibit daily cleaning. The registered manager readily agreed to remove the notices and have these laminated if they are to be used.

Four completed satisfaction questionnaires were returned from relatives to RQIA following the inspection. All respondents indicated they were very satisfied that care provided was safe.

Comments from the questionnaires included:

- “I couldn’t say enough good things about the staff and level of care provided.”
- “Best staff ever, very caring happy staff.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, risk management and the home’s environment. Positive feedback on the care provided was received from residents, relatives and staff.

Areas for improvement

One area for improvement related to the removal or lamination of notices from tables to allow for daily cleaning.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

A review of three care records was undertaken. Person centred care plans were in place which reflected identified actual and potential needs including risks and interventions to minimise the risks identified. Care plans also reflected choices and preference of residents in respect of the care provided. Care review reports were available and daily progress notes written. Photographic consent was signed/dated by the resident.

Care records also contained evidence of multi-profession collaboration in planned care. For example, district nurse, social worker, dentist and general practitioner. Residents and/or relative were encouraged to be involved in the assessment and planning of care.

A record was made of all property brought into the home by or on behalf of residents at the time of admission. Items added or removed from the home were recorded.

During the inspection the serving of lunch was observed. Residents were assisted to the dining room by staff and choose where they wished to sit. Meals were nicely presented with adequate amounts of food served. Meals continue to be served by staff in a professional unhurried manner. Review of menus evidenced that residents received three main meals each day; breakfast, dinner and evening tea. Mid-morning, afternoon and evening snacks were also provided. Special diets are provided as prescribed by the dietician. Residents told us they enjoyed the meals provided and that choice was always offered. One resident said that she could change her mind on the day and another meal would be offered. Staff demonstrated their knowledge of residents' likes and dislikes regarding meals. The cook is to be complimented on the fresh baking of cakes and pastries each day. Residents' weights continue to be undertaken monthly, recorded and monitored by senior staff.

Analysis of the home's resident satisfaction survey showed a positive response rate of 100% satisfaction from residents in regard to the provision of meals. This is to be commended.

The manager advised that systems continue to be in place to ensure effective communication with residents, relatives and other stakeholders. Minutes of staff and residents meetings held were recorded and retained. Notice boards within the main home displayed the outcome of residents' satisfaction survey, activities scheduled for the week various health information and clear guidance on how to make a complaint.

Review of the home's resident satisfaction survey showed a positive response rate of 100% satisfaction from residents in regard to communication and information sharing.

Care records contained evidence of referral made to the GP and district nurse regarding wound care or other nursing care including continence, diabetic treatment and management. Care plans were in place so that staff are fully informed of the care to be provided. One visiting district nurse explained that the staff were very good at communicating with them and adhering to nursing care plans.

Four completed satisfaction questionnaires were returned from relatives to RQIA following the inspection. All respondents indicated they were very satisfied that care provided was effective.

Comments included:

- "My mum has dementia and she has settled great since last year. I believe this is down to the staff."
- "Very caring staff, my mum is very happy in Manor Court."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Staff within the home agreed that they promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

One resident said:

- “I am very happy in the home and staff were always very respectful.”

Discussion 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 confidentiality.

Discussions with residents, staff 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. Residents confirmed that staff are as unobtrusive as possible, residents choose how they wished to spend their day, were consulted regarding their meal choices and activities. One resident said that they preferred not to participate in activities and were quite happy with their own company.

Residents and/or their relatives were consulted with annually by way of a satisfaction questionnaire about the quality of care and the environment. The findings from consultation were collated into a summary report and action plan.

Activities within the home were reviewed and included arts/crafts, passive exercises, board games, quizzes and musical sessions. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. Residents told us they were given opportunities to make suggestions regarding the planning of activities. The manager explained that staff had planned to have a family fun day barbeque for residents and their relatives/friends later in the month.

One resident who celebrated his birthday told us “You couldn't get any better care anywhere.”

Given the increase in the number of residents with dementia and the importance of daily therapeutic activity consideration should be given to the appointment of an activity co-ordinator. Two respondents commented in the satisfaction questionnaires that they would like to see an activity co-ordinator appointed. This was shared with the manager following the inspection.

Analysis of the home's resident satisfaction survey showed a positive response rate of 100% satisfaction from residents in regard to activities provided.

Four completed satisfaction questionnaires were returned from relatives. All respondents indicated they were very satisfied that care provided was compassionate. One comment made included: "It's like an extended family here, very caring staff."

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 residents and their representatives and taking account of the views of residents.

Areas for improvement

One area identified for improvement related to consideration is given to the appointment of an activity co-ordinator.

	Regulations	Standards
Total number of areas for improvement	0	1

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 manager is supported in her role by the regional manager, who visits the home on a regular basis and at operational level by a mixed skilled team of care and ancillary staff. Clerical support is also provided. There has been no change in the management structure of the home since the previous inspection. The manager outlined the management arrangements and governance systems in place that support and promote the delivery of a safe, effective care within the home.

There was a clear organisational structure and staff demonstrated awareness of their roles, responsibility and accountability. The responsible person was kept informed regarding the day to day running of the home by way of telephone, email and regular visits to the home.

The manager explained that staffing levels and skill mix were kept under review which takes account of the number and dependency levels of residents accommodated; the assessed care needs, social and recreational needs of residents. The home's resident satisfaction survey showed a positive response rate of 100% satisfaction from residents in regard to staffing.

The manager explained that working practices are systematically audited to ensure they are consistent with good practice and in accordance with the homes policies and procedures. Examples of audits undertaken included: environmental infection prevention and control; fire safety; environmental cleanliness; medicine administration and management; fire safety; accidents/incidents including falls.

Staff told us there were good working relationships within the team, they also told us they felt very well supported by the manager who was readily available to them and operated an "open door" to everyone.

Data with regard to accidents/incidents was retained electronically and in hard copy format. Accidents/incidents and untoward events were notified by the manager to senior management and the commissioning trusts for monitoring purposes.

Review of complaints records and discussion with the manager evidenced that complaints were recorded and appropriately managed. The manager advised that action was being taken in regard to improving communication with relatives of residents on respite care within the Nightingale unit. A review and revision of the policy/procedure on admission/discharge in this unit was a work in progress, alongside the inclusion of additional information within the Resident Guide.

Monthly monitoring of the unit continues to be undertaken by the responsible person. Reports dated June and July 2019 were reviewed. The reports summarised the views of residents in regard to the quality of care provided and any actions taken by the manager to ensure that the home is being managed in accordance with legislation and minimum standards. Review/amendment to the report layout/data was a work in progress. Residents and staff said they felt that the home was well managed.

One resident said:

- “Everything is really good.”

Assessment of premises.

The review of a sample of building services maintenance service records and building user control checks indicated that the premises was maintained to a good standard, there were no issues noted as requiring listing in the inspection report Quality Improvement Plan.

The previous premises inspection report IN021503 dated 11 June 2015 was reviewed, the three requirements and three recommendations listed were verified as completed.

Management of residents' monies

A sample of residents' income and expenditure records were reviewed which identified that records were maintained in line with best practice and showed evidence that regular reconciliations were being carried out by two people. A sample of cash balances held on behalf of residents agreed to the corresponding records. Double-signed cash deposit receipts were available as well as expenditure receipts for items purchased on behalf of residents. Hairdressing and podiatry treatment records were in place and reflected the information required by the Residential Care Homes minimum standards. A safe contents record was in place to record items deposited with the home for safekeeping by residents. This record was also reconciled on a regular basis by two people.

A record of each resident's property (their furniture and personal possessions) was maintained by the home and there was evidence in place to identify that these records were regularly reviewed and updated. The home operated a comfort fund and a review of the income and expenditure established that it was being used for the benefit of residents in the home. An appropriately named bank account was in place to manage the funds; the account was also regularly reconciled. Financial policies and procedures were in place to guide the financial administration of residents' monies and valuables and the residents' comfort fund.

A review of three residents' finance files established that only one resident had an individual written agreement on their file. The other two residents' agreements had not been updated to reflect the current terms and conditions. Two areas for improvement were made in relation to these findings ie: to ensure that there is evidence each resident has been provided with an individual written agreement and ensuring that all residents' agreements are brought up to date to reflect the current terms and conditions of their residency in the home.

The finance files for the three residents also established that the home used "consent to additional services" forms or personal monies authorisations. These documents provide the home with consent to use money deposited with the home for the purchase of goods and service on behalf of residents. A review of the three files identified that two of the residents had a signed "consent to additional services" form on their files. The third resident had this document on their file, with an instruction stating that the residents monies were managed by their solicitor. The manager confirmed that the document had not been sent to their solicitor. An area for improvement was made to ensure that this document is shared with their solicitor to ensure that as controller, they are satisfied with its content.

Four completed satisfaction questionnaires were returned from relatives to RQIA following the inspection. All respondents indicated they were very satisfied that service was well managed. Comments included:

- "Best staff ever."
- "Carol the manager is fantastic, approachable and so kind."

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints, the maintaining of good working relationships and the management of the residents' finances.

Areas for improvement

The following areas were identified for improvement in relation to ensuring that there is evidence that residents have been provided with an individual written agreement, ensuring agreements are kept up to date and ensuring that for an identified resident, their personal monies authorisation form is shared with the person controlling their monies: ie: their solicitor.

	Regulations	Standards
Total number of areas for improvement	1	2

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 5 (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: 6.6</p>
	<p>Response by registered person detailing the actions taken: Each resident is provided with a written agreement. Details of the regional rate and top up payable are included in this document. The method of payment and responsibility for payment will be as per local Trust and or individual arrangement.</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: DD Month Year</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: 6.6</p>
	<p>Response by registered person detailing the actions taken: Written notice of changes are provided. A record to confirm agreement or that the resident or their representative chooses not to sign will be sought.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2019</p>	<p>The registered person shall ensure that for the identified resident, their "consent to additional services" form is shared with the person controlling their money ie: their solicitor.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: This improvement has been completed.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2019</p>	<p>The registered person shall ensure that paper notices cello taped to tables are removed or laminated to allow for daily cleaning to take place.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This improvement has been noted and has been completed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>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.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Consideration will be given to the appointment of an activity co-ordinator at Manor Court.</p>

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



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