

Inspection Report

23 January 2024



Manor Court

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Carol McCoy Date registered: 21 November 2013
Person in charge at the time of inspection: Mrs Carol McCoy	Number of registered places: 41 The 5 persons accommodated in the 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. RC-DE category for mild to moderate dementia only.
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 residents accommodated in the residential care home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 36 residents. The home has a separate unit known as Nightingale Lodge, which provides short respite care for five residents. The registered manager manages both these services.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2024 from 10.15am to 4.30pm, by a care inspector.

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

The home was found to be warm, well maintained and clean. Bedrooms were tastefully personalised and reflected items which were important to the residents.

Residents were observed to be at ease in their environment and were comfortable in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be kind, compassionate and supportive. Staff were found to be responsive to the needs of the residents.

Three areas requiring improvement were identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Carol McCoy at the conclusion of the inspection.

4.0 What people told us about the service

Residents commented positively about staff and their experience of living in the home. Residents talked about the staff being “kind to them” “good to me in here” “well cared for” and “very accommodating.” One resident stated “this is as good a place from home as you will get.” The residents advised that this was a “great place” and that they felt very safe and well cared for. The residents praised the food provision in the home saying that it was “nice, and if you don’t like something you can get something else.” Compassionate interactions were observed between staff and the residents. Residents stated there was a good provision of activities.

Staff reported that there was a good staff team in Manor Court and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents’ needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with stated that the care provided to residents was important to them and was of a good standard.

Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive.

One relative spoken with stated that there was excellent communication between the staff in the home and the family members. They stated that the staff were approachable and that the care provided in the home was very good.

10 returned questionnaire responses were received following the inspection. All of these responses were positive in relation to the staff and the care provided in the home. Comments included “Lovely staff here and a nice place to live; good relaxed atmosphere” and “the care they give is excellent.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 5 February 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(t)	The registered person shall risk assess all free standing wardrobes in accordance with current safety guidance with subsequent appropriate guidance.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. While there was evidence that some form of a checklist was provided to the manager prior to staff commencement in the home; this lacked the required detail. This was identified as an area for improvement.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded. Staff said there was enough staff on duty to meet the needs of the residents and this was adjusted accordingly. Staff reported that there was good team work and that they felt well supported in their role.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff appraisals and supervision were completed.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were caring and kind to them. One comment included "I couldn't say enough good about the staff."

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The atmosphere was calm and relaxed and staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Residents were offered a choice of meals including where and when to have their meals. Staff demonstrated their knowledge of individual resident's likes and dislikes. Residents said they very much enjoyed the food provided in the home.

Staff advised how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records reviewed were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. The communal lounge and dining room were welcoming spaces for residents.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 26 September 2023. There were a number of recommendations made as a result of this assessment; however, there was no

evidence that these had been signed off, as actioned by the manager. This was identified as an area for improvement.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents in the home they were being encouraged to participate in music activities. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

One resident stated, “there’s lots to do” when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection. Mrs Carol McCoy is the registered manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed with action plans for improvement put in place. However, review of these reports identified that these actions were being carried forward from month to month and were not actioned in a timely manner. This was identified as an area for improvement.

6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Carol McCoy, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 24 January 2024	<p>The registered person shall ensure that prior to the commencement of any new staff to the home; the manager has oversight of the following:</p> <ul style="list-style-type: none"> • A fully completed employment history • Any gaps in employment are explored • Reasons for leaving are recorded • Details of the completed AccessNI. <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All of this information is reviewed as part of Radius pre employment checks. This is held centrally within the Human Resources Department. The existing Recruitment Checklist has been enhanced to include all of the above. A copy of this will be provided to the Manager for their local records.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2024</p>	<p>The registered person shall ensure that any recommendations made as a result of the fire safety risk assessment are signed as actioned by the manager, when completed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All remedial work to internal fire doors has now been completed.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2024</p>	<p>The registered person shall ensure that any actions identified within the monthly monitoring visits are completed in a timely manner and not consistently carried forward from month to month.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This point has been noted and will be adhered to.</p>

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