

Inspection Report

Name of Service:	Manor Court
Provider:	Radius Housing Association
Date of Inspection:	9 February 2025

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:	Ms Carol McCoy
Service Profile – This home is a registered Residential Care Home which provides health and social care for up to 36 residents living with dementia, mental health needs or requiring general residential care. The home has a separate unit known as Nightingale Lodge, which provides short respite care for five residents living with a learning disability. The registered manager has responsibility for both services.	

2.0 Inspection summary

An unannounced inspection took place on 9 February 2025, from 9.40 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last medicine management inspection on the 28 November 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement was stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Comments included, "I am well cared for, I have no complaints", and, "I feel safe here". Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "The care is excellent; I have plenty of choice". Another resident said, "The food is good and the staff are attentive."

A relative commented, "I have no concerns over care, communication with the home is good and the staff are attentive."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. The home also produces a newsletter for residents and relatives.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Resident questionnaires returned confirmed a high degree of satisfaction with the care and services provided by the home. Comments included, "The care is very good", "The care is 100%," "I feel safe here, the girls are always around," and "Whatever you want you get."

No completed questionnaires from relatives or the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. The checklist to evidence that pre-employment checks were completed did not have the required level of detail. An area for improvement was identified for a second time.

The duty rota did not have the person in charge identified. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. 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 were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the person in charge confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was observed that there was no menu on display in the Nightingale unit. An area for improvement was identified.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or activities..

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

It was discussed with the manager the need for another noticeboard for activities to be displayed upstairs, and for the activity programme to be displayed in a larger format. The manager agreed to action this.

Residents' needs were met through a range of individual and group activities such as bingo, table top games, Karaoke and live music.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Review of records evidenced that some of the resident assessments were not being regularly reviewed. An area for improvement was identified.

Residents care records were held confidentially.

Care records were person centred and well maintained. One care plan did not reflect the needs of the resident. An area for improvement was identified. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The hair salon was unlocked and hair dye and cleaning chemicals were found in a cupboard, dishwasher tablets were on top of a cupboard in two of the dining rooms. Within the Nightingale unit, the kitchen, plant room and domestic store was unlocked. These areas were brought to the person in charges attention in both units, and action was taken to secure these areas. An area for improvement was identified.

A rusty radiator in the Nightengale unit, and two unused shower chairs were brought to the managers attention for her action.

Incontinence products were being stored on the floor in some bedrooms in the home. Boxes were being stored on the floor of some of the store rooms. In the Nightingale unit, the laundry and administration store had items being stored on the floor. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Carol McCoy has been the manager in this home since 21 November 2013.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	5

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Marie Ferris, Senior Care Worker, as part of the inspection process. Feedback was given over the telephone to the Registered Manager on the 10 February 2025. 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 1 May 2025</p>	<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: 2.0 and 3.3.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Radius comply fully with the regulations in respect of recruitment within social care, this inspection was conducted on a Sunday when the Inspector was unable to access actual recruitment documentation. An additional 2 points will be added to the existing recruitment checklist to confirm that a full completed employment history and reasons for leaving have been reviewed for all staff.</p>
<p>Area for improvement 2</p> <p>Ref: Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 9 February 2025</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as hair dye and dishwasher tablets, are safely stored in accordance with COSHH requirements. Areas not to be accessible to residents need to be locked.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been reminded that all items must be locked away following use.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 1 March 2025	The registered person shall ensure that the duty rota has the person in charge identified. Ref: 3.3.1
	Response by registered person detailing the actions taken: The duty rota has been updated to reflect the person in charge, this relates to occasions when two senior staff are rostered for morning medication management.
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: 1 March 2025	The registered person shall ensure that the daily menu is displayed in the Nightingale unit. Ref: 3.3.2
	Response by registered person detailing the actions taken: All staff reminded to update the daily menu, menu in place.
Area for improvement 3 Ref: Standard 5.5 Stated: First time To be completed by: 1 March 2025	The registered person shall ensure that residents' assessments are kept up to date. Ref: 3.3.3
	Response by registered person detailing the actions taken: The residents' assessments have been reviewed per element and have been updated.
Area for improvement 4 Ref: Standard 6 Stated: First time To be completed by: 1 March 2025	The registered person shall ensure that the care plan for the identified resident is sufficiently detailed to direct the care required. Ref: 3.3.3
	Response by registered person detailing the actions taken: This residents care plan has been updated.

<p>Area for Improvement 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2025</p>	<p>The registered person shall ensure there is a managed environment that minimises the risk of infection. This is stated in relation to, but not limited to, incontinence pad storage in the home, and storage areas.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Additional shelving has been added to this area and all staff reminded that items must not be stored on the floor.</p>

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The Regulation and
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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews