The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Manor Court

Provider: Radius Housing Association

Date of Inspection: 11 February 2026

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:	Mr Greer Wilson - acting
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. 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 11 February 2026 from 9.00 am to 4.40 pm, by two care inspectors.

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 care inspection on 9 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and 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.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at a future inspection. 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 described staff as "Good" and "Lovely." Residents spoken with said that they were happy living in Manor Court and Nightingale Lodge. Comments included, "I love it here, the staff are very good," "This is a great place," and "It's lovely here, all the staff are very good, it's really nice."

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.

Visitors to the home said, "This is a lovely place, the staff are brilliant" and "The residents are well looked after."

Staff said there was good teamwork and that they felt well supported in their role. Staff comments regarding residents deteriorating needs was discussed with the manager for review and action if required.

No additional feedback was received from residents, relatives or staff 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. There was evidence of robust systems in place to manage staffing.

The duty rota in Nightingale Lodge did not identify the person in charge; an area for improvement was stated for a second time. The duty rota in Manor Court was not reflective of the staff on duty, for example, staff recorded on the off duty were not on shift as indicated. An area for improvement was identified.

Correctional fluid was noted to be used on the duty rota, this was discussed with the manager, and an area for improvement was identified.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

Checks were in place to ensure care staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

Some residents raised concerns regarding the staffing levels in the home, comments included, “The staff are very good, but sometimes there are not enough of them,” and “The staff are very busy, but they are all very good.” This was discussed with the manager on 12 February 2026 for her review.

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. For example, some staff supported residents in the lounge areas to play games, while other staff were observed chatting and joking with residents in the communal areas.

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. A detailed handover was provided to staff at the beginning of each shift.

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. For example, throughout the day staff were observed using encouragement to support residents to join in activities and to come for their meals.

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 residents’ 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.

Where a resident was at risk of falling, measures to minimise this risk of falls were put in place to safeguard the resident.

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 to full assistance from staff and the diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support residents with their meal. Some residents commented positively on the food provided in the home, comments included, "the food is nice, and we are given a choice."

Although the meal served appeared appetising, some residents have complained about the quality of food served in the home recently. A review of records indicated that resident dissatisfaction with meals had been discussed.

Staff understood that meaningful activity was not isolated to the planned social events or games. Due to ongoing renovation work in the home, the activities schedule was displayed to enable residents to decide what activity they wished to attend.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Activities for residents were provided which involved both group and one to one activities.

3.3.3 Management of Care Records

Review of a sample of care records evidenced that residents' needs were assessed by the manager at the time of their admission to the home. Following this initial assessment care plans were developed in collaboration with residents and where appropriate families, to direct staff on how to meet residents' needs. This included any advice or recommendations made by other healthcare professionals. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of resident's needs.

Care staff completed daily progress notes to monitor and evaluate the care delivered to the residents in their care. Care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

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.

Shortfalls were identified concerning the effective management of potential risk to residents' health and wellbeing; specifically, access to dishwasher tablets, communal toiletries and the domestic cleaning trolley. In addition to this, various storerooms were found to be unlocked throughout the home. An area for improvement has been stated for a second time.

Incontinence products and bedlinen were being stored open and on the floor in one area of the home. An area for improvement was stated for a second time.

PPE stations were sufficiently stocked with aprons and gloves. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, some staff were wearing gel nail polish and bracelets, which is not in accordance with good practice in infection prevention and control. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the registered manager since the last inspection. Ms Carol McCoy has been Registered Manager since 21 November 2023. An application for the Responsible Individual has been received.

Staff, residents and relatives spoke positively about the manager and found them supportive and approachable.

Review of a sample of records evidenced that there is a system in place for reviewing care and staff practices. There was evidence of audits and actions from these being completed.

Staff told us that they would have no issue raising any concerns regarding a resident's safety, care and environment. Staff were aware of the departmental authorities that they would contact should they need to escalate concerns.

Residents and relatives, we spoke to knew who to report concerns and would be confident that the manager or person in charge would address their concerns.

Compliments were recorded and shared with staff.

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	1*	5*

* the total number of areas for improvement includes one regulation and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ann-Marie Campbell, senior care assistant as part of the inspection process. Further feedback was provided via telephone call to Carol McCoy, manager on 12 February 2026. 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: Ref:** Regulation 14 (2) (a) (c) **Stated:** Second time **To be completed by:** 9 February 2025	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. Ref: 3.3.3
	Response by registered person detailing the actions taken: A staff meeting was held with all staff on 24/02 and all staff reminded that all COSHH items must be retained in a locked cupboard/ cabinet until they are being used. Additional notices are now in place in the dining rooms and storage areas reminding all staff of safe storage requirements. Spot checks are completed daily by the RM or Senior staff on duty.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 25.6 **Stated:** Second time **To be completed by:** 1 March 2025	The registered person shall ensure that the duty rota has the person in charge identified. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: The name of the staff mmeber in charge within Nigtingale Lodge has been highlighted on their daily rota. Signed clean copies of both Manor Court and Nightingale Lodge rota are retained for record and review at the end of each week.
Area for Improvement 2 **Ref:** Standard 12.4 **Stated:** Second time **To be completed by:** 1 March 2025	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. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: Additional shelving has been fitted to the storage area and all staff reminded to store boxes off the ground as far as reasonably possible. Staff, residents and families have been advised that continence pads stored within the residents ensuite must be retained within its original plastic packaging

Area for improvement 3 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 11 February 2026	The registered person shall ensure that the record of staff working in the home over a 24-hour period is correct. Ref: 3.3.1
	Response by registered person detailing the actions taken: The staff rota within Manor Court has been updated to reflect new activity carer appointment and all senior staff reminded to ensure all staff leave is updated on the rota each day if updates are needed. A clean signed copy of the rota is retained by the RM each week for future review/ records.
Area for improvement 4 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 11 February 2026	The registered person shall ensure that the practice of using correctional fluid on records ceases immediately. Ref: 3.3.3
	Response by registered person detailing the actions taken: All staff reminded that correctional fluid is ot permitted to be used on the staff rota or any other documentation. This product has been disposed of.
Area for Improvement 5 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 11 February 2026	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff remain bare below the elbows at all times. Ref 3.3.4
	Response by registered person detailing the actions taken: Meeting held with all staff to remind that watches and rings other than a wedding type band should not be worn when on duty and nails should be clean, short and no risk to residents. PPE, including nytrol or vinyl gloves are always worn by staff when supporting with personal care or meal provision. Spot checks by RM and Senior team to ensure staff follow.

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