

Unannounced Care Inspection Report 14 September 2017



Manor Court

Type of Service: Residential Care Home
Address: Sloan Street, Lurgan, Craigavon, BT66 8NR
Tel No: 028 3832 9586
Inspector: Bronagh Duggan

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 with 41 beds that provides care for residents within the categories of care the home is registered for as described in section 3.0. There are 36 beds in the main Manor Court building, 5 beds are located in Nightingale Lodge which adjoins the main building. The places in Nightingale Lodge fall under RC-LD and RC-LD (E) categories of care.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual(s): Fiona McAnespie	Registered Manager: Carol McCoy
Person in charge at the time of inspection: Lynn Finnegan senior carer (until 14:00) Carolina Coleman senior carer (from 14:00 onwards)	Date manager registered: 11 October 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

4.0 Inspection summary

An unannounced care inspection took place on 14 September 2017 from 10:00 to 17:00.

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 was found in relation to staff induction, training, the home's environment, communication between residents, staff and other key stakeholders, the culture and ethos of the home and governance arrangements.

One area requiring improvement was identified with regard to the accurate recording and reporting of accidents, incidents and notifiable events.

Residents said "staff are helpful and supportive" and "it is good here, they are all very nice. I have all that I need".

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Carolina Coleman, senior carer, towards the end of the inspection and Carol Mc Coy, registered manager, via telephone after the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned QIP and the previous inspection report.

During the inspection the inspector met with 14 residents and three staff.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), environment
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings/representatives'
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Sample of policies and procedures

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 May 2017

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 11 May 2017

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 29.2 Stated: First time	The registered provider should ensure all fire safety checks are maintained on an up to date basis.	Met
	Action taken as confirmed during the inspection: Inspection of fire safety check records confirmed safety checks were maintained on an up to date basis.	
Area for improvement 2 Ref: Standard 8.4 Stated: First time	The registered provider should ensure a handover template is developed to ensure greater consistency with shift handovers.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of hand over records confirmed a template had been developed.	

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.

The senior carer confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. Staff shared the provision of a “floating” staff member was beneficial during early and late shifts.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the senior carer and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The senior carer 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the person in charge confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation’s personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy was viewed during the previous inspection and was consistent with the current regional guidance. A safeguarding champion had been identified. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home.

Staff were knowledgeable and had a good understanding of adult safeguarding 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.

Discussion with the senior carer, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior carer confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior carer confirmed there were risk management policy and procedures in place. Discussion with the senior carer and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

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

The senior carer reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 11 July 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 2 September 2017 and records were retained of 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/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "Staff very approachable and caring." (representative)
- "Very good care." (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, infection prevention and control and the home's environment.

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 effective?

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

Discussion with the senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed; they included an up to date assessment of needs, life history, risk assessments, 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.

The care records 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. Discussion with staff confirmed that a person centred approach underpinned practice for example residents were encouraged to maintain individual interest such as poetry, music, potting plants and spiritual beliefs.

The senior carer confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), decontamination of equipment, and wardrobe checks were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The senior carer confirmed 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. The senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One staff member commented:

- "It's a good team, it's not about them and us or a hierarchy everyone has their role to play and will share their views openly".

Comments received from completed questionnaires were as follows:

- "I'm going to live the rest of my life here, the staff and residents are great." (resident)
- "Very good care." (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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

6.6 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 senior carer confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example the menu and activity schedules were displayed around the home. Information regarding suggestions from resident and representatives about how to improve were also displayed around the home in a "you said, we did" format.

The senior carer, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected for example by ensuring the office door remained closed during handovers.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' and representatives meetings, annual reviews, a suggestion tree was also situated at the entrance area of the home.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read in the main reception area of the home. An action plan was developed and implemented to address any issues identified. Improvements made as a direct result of the resident consultation included more detail on the menu boards.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example potting plants, arts and crafts. Some residents attended a day trip to the American folk park. Arrangements were in place for residents to maintain links with their friends, families and wider community for example the home held a barbecue where families of residents were invited to attend. Residents were also supported to go to local cafes.

Residents spoken with during the inspection made the following comments:

- “It is good here, they are all very nice. I have all that I need”.
- “This is a great place, staff are kind. I am quite independent and can look after myself but the staff are there if you need them”.
- “This is a good home, we are well looked after here it’s a good place. The staff are awful good, everybody gets whatever they need”.
- “Staff are helpful and supportive”.

Eight completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or 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 senior carer outlined the management arrangements and governance systems in place within the home. 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

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 residents guide, and information displayed on the notice board in the main reception part of the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records showed the outcome of one complaint had not been recorded. This was discussed with the registered manager in a telephone call following the inspection. The registered manager confirmed the complaint had been resolved satisfactorily; the need to

ensure such information was clearly recorded was discussed. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events information showed irregularities regarding the completion of records and onward reporting to relevant agencies. This issue was discussed with the registered manager following the inspection who advised that changes had been made regarding reporting arrangements with the trust which had led to difficulties around reporting.

The registered manager confirmed the issue had since been clarified regarding reporting arrangements. The need to ensure staff are fully aware of the recording and reporting arrangements relating to accidents/ incidents and notifiable events was discussed with the registered manager, as was attention to detail regarding times, dates and specifying the types of accidents, incidents and notifiable events on records completed. This was identified as an area for improvement to comply with standards. The registered manager was advised to access RQIA Guidance regarding the recording and reporting of notifiable events (2015) and also to ensure that staff were fully aware of the trust reporting arrangements.

A copy of "The Falls Prevention Toolkit" was available for staff to access in the home. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training in dementia awareness and human rights.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Inspection of the premises confirmed that the RQIA certificate of registration and was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior carer confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior carer confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

During a telephone call following the inspection the registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eight completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “Excellent standard of care provided. Reflects high standard of management and leadership.” (representative)
- “Very well managed.” (resident)
- “Carol our manager is very down to earth and makes me feel like we’re all one.” (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection regarding the recording and reporting of accidents/ incidents and notifiable events.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carolina Coleman, senior carer at the conclusion of the inspection and with Carol Mc Coy, registered manager, in a telephone call following the inspection. 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2017</p>	<p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All notifications are being submitted in accordance with legislation and procedures, further guidance in respect of this and notification detail has been shared with the Senior team.</p>



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