

Announced Premises Inspection Report 21 April 2016



MANTLIN COURT

Mantlin Road, Kesh, Co Fermanagh, BT93 1TU

Tel No: 028 6863 3149

Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Mantlin Court took place on 21 April 2016 from 10.00 to 12.00hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. There were no issues identified for attention by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. There were no issues identified for attention by the registered person. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. There were no issues identified for attention by the registered person. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. There were no issues identified for attention by the registered person. Refer to section 4.6.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Gillian Ingram, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered person: Western Health and Social Care Trust	Registered manager: Ms Gillian Ingram
Person in charge of the home at the time of inspection: Ms Gillian Ingram	Date manager registered: 01 April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 18

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with the Registered Manager, two residents and Mr Gerry Marshall, Western Health and Social Care Trust Estates Officer.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 18/04/2016

The previous inspection of the home was an unannounced care inspection IN024772 dated 18 April 2016, the completed QIP was not yet returned for approval by the care inspector.

4.2 Review of requirements and recommendations from the last premises inspection dated 18/02/2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(d) Stated: First time	Complete a condition survey of all interior and exterior decorated surfaces, draft a redecoration works action plan and implement prioritised redecoration works. Action taken as confirmed during the inspection: Redecoration works completed.	Met
Requirement 2 Ref: Regulation 27(2)(b) Stated: First time	Replace cracked vision panel in dining room door. Action taken as confirmed during the inspection: Vision panel replaced.	Met
Requirement 3 Ref: Regulation 27(2)(b) Stated: First time	Replace laundry room light diffuser. Action taken as confirmed during the inspection: Diffuser replaced.	Met
Requirement 4 Ref: Regulation 14(2) (a) (b) & (c) Stated: First time	Submit verification that the Thermostatic Mixing Valves (TMVs) are maintained in accordance with manufacturer's instructions and a valid health and safety risk assessment. Action taken as confirmed during the inspection: Verification certificate submitted.	Met
Requirement 5 Ref: Regulation 14(2) (a) (b) & (c) Stated: First time	Submit records to verify that the emergency generator is maintained/serviced in compliance with manufacturer's instructions and a valid health and safety risk assessment. Action taken as confirmed during the inspection: Emergency generator maintenance certificate submitted.	Met

<p>Requirement 6</p> <p>Ref: Regulation 14(2) (a) (b) & (c)</p> <p>Stated: First time</p>	<p>Remove stored materials from electrical switch-gear room.</p> <hr/> <p>Action taken as confirmed during the inspection: Stored items removed.</p>	Met
<p>Requirement 7</p> <p>Ref: Regulation 14(2) (a) (b) & (c)</p> <p>Stated: First time</p>	<p>Liaise with Western Health and Social Care Trust representatives and verify that the mobile hoist appliance is compliant with the Lifting Operations and Lifting Equipment Regulations (LOLER), and that routine thorough examinations and maintenance works are implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: LOLER inspections verified.</p>	Met
<p>Requirement 8</p> <p>Ref: Regulation 14(2) (a) (b) & (c)</p> <p>Stated: First time</p>	<p>Complete a review of the health and safety policy and associated risk assessments, paying specific attention to the potential risk of service users disabling window restrictors and falling to ground level from window openings.</p> <hr/> <p>Action taken as confirmed during the inspection: Window restrictors inspected and maintained.</p>	Met
<p>Requirement 9</p> <p>Ref: Regulation 27(4(a))</p> <p>Stated: First time</p>	<p>Review the fire safety risk assessment, plan and implement prioritized corrective and improvement works.</p> <hr/> <p>Action taken as confirmed during the inspection: Corrective and improvement works completed.</p>	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time	Re-fix skirting to wall in first floor bedroom 8 en-suite WC.	Met
	Action taken as confirmed during the inspection: Repair works completed.	
Recommendation 2 Ref: Standard 27.1 Stated: First time	Remove vegetation/debris from roof gutters; clean exterior surfaces.	Met
	Action taken as confirmed during the inspection: Maintenance works completed.	
Recommendation 3 Ref: Standard 27.8 Stated: First time	Submit verification that the space heating boiler is maintained/serviced in accordance with manufacturer`s recommendations.	Met
	Action taken as confirmed during the inspection: Maintenance works verified.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs.

Service users are involved, where appropriate in decisions around the maintenance of the premises.

This supports the delivery of effective care.

A minor issue was however identified for attention during this estates inspection, and is detailed in the 'areas for improvement' section below.

Areas for improvement

1. A number of bedroom carpet floor coverings had been replaced with vinyl/laminate floor coverings; this has left a gap between the new floor covering and the existing skirting, this is a potential trap for dust/dirt. The registered manager stated that this issue would be rectified by maintenance staff.

Refer to Quality Improvement Plan, recommendation 1

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well presented, comfortable, clean, free from malodours and adequately lit

Service users are consulted about decisions around decoration and the private accommodation where appropriate.

The patients spoken to during the inspection indicate that they were very comfortable and happy with the environmental standards within the care home.

This supports the delivery of compassionate care.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises, adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 27.1 Stated: First time To be Completed by: 04 August 2016	The registered person should arrange to have a survey of the premises completed, and to have remedial works implemented to seal the floor covering/skirting gaps caused by installation of new floor coverings. Response by Registered Manager Detailing the Actions Taken: This work has been requested through Helm Housing Association.

Please ensure this document is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address



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