



The Regulation and
Quality Improvement
Authority

Mantlin Court
RQIA ID: 1755
Mantlin Road
Kesh
BT93 1TU

Inspector: Bronagh Duggan
Inspection ID: IN022352

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**Unannounced Care Inspection
of
Mantlin Court**

22 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 22 September 2015 from 10.00 to 14.45. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to Standard 14 and the theme of continence. There were no requirements or recommendations made as a result of this inspection.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

There were no requirements or recommendations made during the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: WHSCT/Mrs Elaine Way	Registered Manager: Ms Gillian Ingram
Person in Charge of the Home at the Time of Inspection: Ms Gillian Ingram	Date Manager Registered: 01/04/2005
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 18
Number of Residents Accommodated on Day of Inspection: 15	Weekly Tariff at Time of Inspection: £470 per week

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Notification of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with six residents, three care staff, spoke with the registered manager and received 13 completed satisfaction questionnaires from staff and residents.

The following records were examined during the inspection:

- Four care records
- Relevant policies and procedures
- Staff training records
- Accident and incident records
- Complaints and compliment records
- Fire Safety Risk Assessment.

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 22 June 2015. There were no requirements or recommendations made during this inspection.

5.2 Review of requirements and recommendations from the last care inspection

No requirements or recommendations from previous inspection.

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed residents can spend their final days in the home unless there is a documented health care need to prevent this. The registered manager also stated that to date the home had limited experience in relation to dealing with dying and death.

In our discussions with the registered manager and staff they confirmed that those identified as important to residents' would be involved in decisions about their treatment and care. Staff

confirmed that they would work closely with other health care professionals including the resident's General Practitioner and the district nursing service. Staff were aware of the need to monitor residents' hydration, nutrition, and skin integrity during this period of care and respond appropriately. The registered manager and staff confirmed that any changes in the resident's condition would be observed closely, reflected in their evaluation care records and documented in their care plan.

In our discussions with staff they confirmed to us they would liaise closely with family members and keep them fully informed about any changes in the resident's condition. We inspected four care records; these demonstrated that residents' needs were reviewed on a regular basis. Care plans and risk assessments were updated accordingly and reflected multi-disciplinary working to meet the needs of residents'.

The registered manager confirmed that spiritual support is available for residents on a regular basis with frequent visits from local ministers.

Is care effective? (Quality of management)

The home had a policy regarding dealing with the death of a resident. This contained relevant information regarding what to do in the event of a death. Information was also available in the home to help support residents deal with death in a user friendly format. This is to be commended.

We inspected four care records these contained individual dignity plans for each resident. The dignity plans contained relevant information including next of kin details, spiritual preferences and any specific funeral arrangements. These plans were reviewed and updated on a regular basis. We noted from the four records inspected the information had been provided by residents next of kin. We discussed with the registered manager if residents' themselves had contributed to the information included in the dignity plans. The registered manager confirmed that some residents had shared their personal wishes and gave us examples of same. The registered manager also stated that some residents did not want to talk about this issue individually and their wishes have been respected. Relevant information has been obtained from next of kin.

In relation to handling the deceased resident's belongings the registered manager confirmed these are handled with care and respect. The resident's next of kin is given all the time they need to deal with this and staff are available to support them. The policy also indicated who to contact if a resident does not have a next of kin.

Is care compassionate? (Quality of care)

The registered manager and staff confirmed to us that the needs of the dying resident would be met with a strong focus on dignity and respect. The registered manager and staff confirmed that families would be supported and given time and privacy to spend with their loved one.

In our discussions the registered manager confirmed that following the death of a resident, other residents' would be informed in a sensitive manner and would have the opportunity to pay their respects if they so wished. Staff confirmed there was a supportive ethos within the management of the home for staff and residents if dealing with dying and death.

Areas for improvement

There were no areas of improvement identified for this standard. Overall this standard was assessed to be met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents' with their continence needs. Staff were aware of the need to make onward referrals to the Community Learning Disability Nurse (CLDN) if they witnessed any changes in relation to residents' continence. Staff were also aware of infection control procedures in the home and confirmed there was always a good supply of products available.

We inspected four care records, these reflected residents' individual continence needs. The care records showed residents' needs were reviewed on a regular basis, with ongoing input from the CLDN.

We observed good supplies of continence products, aprons, gloves, and hand washing dispensers throughout the home. No malodours were identified.

Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. Staff were aware of the need to contact the CNLD if there was an identified need or change in any of the residents conditions. Staff have completed training in infection control on an up to date basis. Some staff members have completed specific training relating to continence management. The registered manager confirmed a second training session will be available for the remaining staff members.

Is care compassionate? (Quality of care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices indicated that continence care was undertaken in a discreet and private manner.

Areas for improvement

We identified no areas of improvement for this theme. This theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.5.1 Additional areas examined

5.5.2 Residents views

We spoke with six residents individually during the inspection. We received eight completed resident questionnaires. In accordance with their capabilities all residents' expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided. The completed questionnaires also reflected residents satisfaction with care provided in the home.

Some of the comments received from residents included:

- "We are getting on well, everyone is very kind"
- "I like it"
- "I am happy here"
- "I am happy here, I like it"

5.5.3 Relatives / representatives views

There were no visiting relatives/representatives to the home at the time of the inspection.

5.5.4 Staff views

We spoke with three staff and received eight completed questionnaires. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties. The returned questionnaires showed positive feedback from staff in relation to the areas being inspected.

5.5.5 General environment

We found the home was clean and tidy with no malodours present. The décor and furnishings were of a good standard.

5.5.5 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

5.5.6 Fire safety

An up to date Fire Safety Risk Assessment was in place any identified actions had been addressed. Fire safety checks and fire safety training for staff was maintained on an up to date basis.

5.5.7 Complaints and compliments

We reviewed records of complaints and compliments maintained in the home. There were no new complaints from the previous inspection. We viewed a number of compliments.

Areas for improvement

We identified no areas of improvement in the additional areas examined.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Gillian Ingram	Date Completed	05/10/15
Registered Person	<i>Eaine Hay</i>	Date Approved	15.10.15
RQIA Inspector Assessing Response	<i>Bronwyn O'Connell</i>	Date Approved	30.10.15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.