



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of Establishment: Mantlin Court**

**RQIA Number: 1755**

**Date of Inspection: 23 March 2015**

**Inspector's Name: Bronagh Duggan**

**Inspection ID: IN016969**

**The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General information

<b>Name of Service:</b>	Mantlin Court
<b>Address:</b>	Mantlin Court Mantlin Road Kesh BT93 1TU
<b>Telephone number:</b>	02868633149
<b>E mail address:</b>	gillian.ingram@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Elaine Way
<b>Registered Manager:</b>	Gillian Ingram
<b>Person in charge of the home at the time of inspection:</b>	Gillian Ingram
<b>Categories of care:</b>	RC-LD , RC-LD (E)
<b>Number of registered places:</b>	17
<b>Number of residents accommodated on Day of Inspection:</b>	14
<b>Scale of charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	Primary Unannounced Inspection 15 January 2015
<b>Date and time of inspection:</b>	Secondary Unannounced Inspection 23 March 2015 at 10.30am – 1.15 pm
<b>Name of Inspector:</b>	Bronagh Duggan

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard 9 – Health and Social Care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Mantlin Court Residential Care home is situated in a quiet residential area in the village of Kesh Co Fermanagh. The residential home is owned and operated by the Western Health and Social Care Trust. Mrs Gillian Ingram is registered manager of the home.

Accommodation for residents is provided in single rooms in a double storey building. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor. The home also provides for catering and laundry services. A number of communal sanitary facilities are available throughout the home. An enclosed garden is available to the rear of the building.

The home is registered to provide care for a maximum of 17 persons under the following categories of care:

### Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

## 7.0 Summary of inspection

This secondary unannounced care inspection of Mantlin Court was undertaken by Bronagh Duggan on 23 March 2015 between the hours of 10:30am – 1:15pm. Gillian Ingram registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Gillian Ingram can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 - The health and social care needs of residents are fully addressed. The home was found to be overall compliant with this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. Resident's bedrooms were found to be homely and personalised.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 15 January 2015**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	8.5	A recommendation is made that all care plans remain legible. Reference to this is made regarding updates or changes added to care plans should be easy for the reader to follow.	Four care plans reviewed by the inspector were found to be up to date and legible.	Compliant
2	19.1	It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	The registered manager provided information to show that the policy and procedures for staff recruitment have recently been updated to ensure compliance with legislative requirements and DHSPS guidance.	Compliant



**9.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of four care records evidenced the details of residents General Practitioner. Dental and optometrist details were also available for residents in the home. The registered manager confirmed residents are supported to access the services on a regular basis evidence available in the home confirmed this.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with staff and review of four residents care records evidenced that the health and social care needs of residents are understood. Staff were aware of best practice to ensure residents needs were met.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Review of four residents care records showed that their health and welfare is continually monitored. Care plans were up to date, there was clear evidence of referral's being made as necessary to meets resident's needs. Monthly evaluation records evidenced regular input from health care professionals; any changes in residents needs were clearly documented.	Compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with staff members confirmed that when appropriate and with consent from residents, representatives are provided with feedback from health and social care appointments.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>                  9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Staff confirmed to the inspector that regular screenings are carried out regarding dental and optometry needs. Information was available in the home to confirm this. Four care records reviewed included monthly evaluation records. These records evidenced monitoring of residents needs and included any follow up care required. It was noted that one of the four records reviewed had not been updated since December 2014 the need to ensure systems in place were followed was discussed with the registered manager.                   Discussion with the registered manager confirmed that continence issues are reviewed by the community nurse and having completed appropriate assessments these are kept under constant review.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>                  9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Staff confirmed that residents are encouraged and supported to maintain their own personal equipment. Dentures and spectacles are cleaned on a daily basis by residents; these items are maintained in resident's bedrooms. The maintenance of larger items including wheelchairs is monitored by staff any change in their condition is reported to relevant professionals.</p>	<p align="center">Compliant</p>

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with four residents individually, a number of other residents were attending day-care during the time of the inspection so were not available to speak with the inspector. Residents in the home during the inspection were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"Staff are all very good".

"Yes I like it here".

### **10.2 Relatives/representative consultation**

There were no visiting relatives / representatives to the home during the inspection.

### **10.3 Staff consultation**

The inspector spoke with two members of staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

"We are here to support the residents, to promote their independence"

"The residents here are quite independent; we help to ensure they have all they need".

### **10.4 Visiting professionals' consultation**

No professional visited the home during the inspection.

### **10.5 Environment**

The inspector viewed the home accompanied by Mrs Ingram and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. The door to the laundry room was observed not to be closing fully, the registered manager confirmed to the inspector this had been reported to the home maintenance department and would be addressed immediately.

## **11.0 Quality Improvement Plan**

The findings of this inspection were discussed with Mrs Ingram as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the **secondary unannounced** inspection of **Mantlin Court** which was undertaken on **23 March 2015** and I agree with the content of the report.

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

SIGNED: Elaine Way

NAME: ELAINE WAY  
Registered Provider

DATE 5 June 2015

SIGNED: Gillian Ingram

NAME: GILLIAN INGRAM  
Registered Manager

DATE 22/04/15

Approved by:	Date
<u>Bronagh O'Leary</u>	<u>12.6.15</u>