

# Unannounced Care Inspection Report 11 April 2017



## Mantlin Court

**Type of service: Residential Care Home**  
**Address: Mantlin Road, Kesh, BT93 1TU**  
**Tel no: 028 6863 3149**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mantlin Court took place on 11 April 2017 from 10:30 to 16:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

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

One requirement was made in regards to the management of fire doors.

### Is care effective?

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.

One recommendation was made in regards to updating an identified resident's care plan.

### Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Stephen Ingram, team leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mrs E Way CBE, Chief Executive , Western Health and Social Care Trust	<b>Registered manager:</b> Mrs Gilian Ingram
<b>Person in charge of the home at the time of inspection:</b> Stephen Ingram	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 18

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, returned Quality Improvement Plan (QIP) and notifications of accidents and incidents submitted to RQIA since the previous inspection.

During the inspection the inspector met with twelve residents, three care staff, one domestic staff and one resident's visitor/representative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- 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
- Accident/incident/notifiable events register
- Annual Quality Review report

- Minutes of recent residents' meetings
- 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
- Individual written agreement
- Sample of policies and procedures

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

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 27 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 27 September 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time <b>To be completed by:</b> 27 October 2016	The registered provider should ensure the identified residents care plan is updated to reflect the presentation of the specific condition.  <b>Action taken as confirmed during the inspection:</b> Review of the identified care plan confirmed it had been updated accordingly.	<b>Met</b>

##### 4.3 Is care safe?

The team leader 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, residents' representatives and staff.

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

Review of induction information and discussion with staff confirmed 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.

The team leader 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 are retained in the home. Samples of completed staff competency and capability assessments were reviewed during two previous inspections and found to be satisfactory. They were not viewed in the registered manager's absence.

Discussion with the team leader 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.

There was an adult safeguarding policy and procedure in place. In a telephone discussion following the inspection the registered manager confirmed plans were being developed at Trust level to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. An easy read version was also available in 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 team leader, 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 team leader confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the team leader 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The team leader confirmed there were restrictive practices employed within the home, notably lap belts and bed rails. Review of information regarding such restrictions confirmed these were

appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The team leader and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

The team leader confirmed there were risk management policy and procedures in place. Discussion with the team leader 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. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in 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. The importance of hand hygiene was regularly discussed with residents. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The team leader reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised and 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. Discussion with the team leader confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 21 December 2016 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 in January 2017. 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. During the inspection it was noted that the fire door leading to the main sitting room was propped open, this remained open for a considerable time.

The team leader was advised that if the identified fire door needed to remain open an automatic self-closing device should be fitted otherwise fire doors should be closed at all times. A requirement was made.

Four 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.

Comments received from completed questionnaires were as follows:

- Very safe and caring environment.
- Well staffed by well trained staff who work very well as a team. Regular maintenance checks ensure there are few or no defects or hazards and any discovered are sorted asap.
- I feel safe when out and about at social events.

### Areas for improvement

One area for improvement was identified during the inspection in relation to the management of fire doors.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

Discussion with the team leader 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, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. It was noted that one care plan should be updated to reflect a recent change in the residents care, a recommendation was made. The risk assessment had been updated accordingly.

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 are supported and encouraged to maintain individual interests such as following their favourite football team, and specific music interests.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The team leader confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals for example evidence of audit was contained within the monthly monitoring visits reports and the annual quality report. Also residents are encouraged to share their views through completion of satisfaction surveys, during care reviews and at regular residents meetings.

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

Residents and one representative 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 team leader confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Four 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.

Comments received from completed questionnaires were as follows:

- Excellent care is practiced here and very proud to work in Mantlin Court.
- (Care is effective) and family contact also add and play an effective role in care for the service user.
- Keyworker gives me extra help when needed.

**Areas for improvement**

One area for improvement was identified in relation to updating an identified resident’s care plan.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.5 Is care compassionate?**

The team leader 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, residents and one representative confirmed that residents’ spiritual and cultural needs, were met within the home. For example residents shared with the inspector their plans for Easter week.

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 residents know the staff who are coming on duty as photographs are displayed on a notice board for residents to access.

The team leader, residents and representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, representative 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 ensuring discussions about residents care are held in the office and not in the presence of other residents.

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

Discussion with staff, residents, representative 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' meetings, satisfaction questionnaires and annual reviews.

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. An action plan was developed and implemented to address any issues identified. Improvements made as direct result of the resident consultation included designating a specific private area for treatments such as chiropody.

Discussion with staff, residents, and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents are involved in the special Olympics , attending local day centres, shopping trips, and arts and crafts activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home.

Residents spoken with during the inspection made the following comments:

- "I like it, the food is good. We get on well."
- "Couldn't beat it, we go to the Olympics every Thursday we are going to mass tonight."
- "I love it here, the staff couldn't be nicer, everywhere is lovely."
- "I'm happy here. Staff help me."

Four 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.

One resident's representative commented:

- "We are very happy with how (relative) is doing here. Staff are all very good, we can visit at any time and we are kept well informed of any changes."

Comments received from completed questionnaires were as follows:

- Residents are fully involved in all parts with their rights respected in every element of care.
- Any issues which require a medical opinion are immediately referred to the GP initially to get resolved.

- (I was) helped with getting flowers to put on family grave.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The team leader outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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, leaflet, and information available in resident's bedrooms in a user friendly format. Discussion with staff confirmed that they had completed training and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Discussion with the team leader confirmed that information in regard to current best practice guidelines was made available to staff for example the most recent safeguarding guidance. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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. The previous three monthly reports were reviewed and found to be satisfactory.

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.

The team leader confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and buildings insurance certificate were displayed.

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

Review of records and discussion with the team leader and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The team leader 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 team leader 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.

The team leader 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.

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

Comments received from completed questionnaires were as follows:

- I couldn't ask for a better person to manage the home.
- All staff aware of the duties involved to provide effective care. Regular staff meetings enable staff to discuss openly issues concerning the home.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephen Ingram, team leader, as part of the inspection process. The registered manager was made aware in a telephone call following the inspection. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 27 (4)  
(b)

**Stated:** First time

**To be completed by:**  
11 April 2017

The registered provider must ensure the identified fire door is managed appropriately at all times, if needed to remain open this should be fitted with an automatic self-closing device.

**Response by registered provider detailing the actions taken:**

This door is to be kept closed at all times - staff have all been made aware of this.

### Recommendations

#### Recommendation 1

**Ref:** Standard 6.7

**Stated:** First time

**To be completed by:**  
11 May 2017

The registered provider should ensure the identified residents care plan is updated accordingly.

**Response by registered provider detailing the actions taken:**

Care plan has been updated.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

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