

Inspection Report

13 May 2021



Mantlin Court

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) Responsible Individual: Dr Anne Kilgallen	Registered Manager: Mrs Gillian Ingram Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Gillian Ingram	Number of registered places: 18
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 15
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 18 residents. Resident bedrooms are located over two floors and comprise of 18 single en-suite bedrooms, four of which are on the ground floor and the remainder on the first floor with two lifts available within the home.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2021 between 9.55am and 4.30pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The findings of this inspection provided RQIA with assurance that care delivery and service provision within Mantlin Court was safe, effective, compassionate and that the home was well led.

One area requiring improvement was identified in relation to fire safety.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with 13 residents, one visiting professional and five staff. We received seven completed questionnaires from residents during the inspection. All of the residents praised the care provided to them and the way in which the staff team supported them in the home. The residents talked about the range of activities available and described the home as a safe place in which to live. One comment was: "I feel very safe in here; it's a great place and the staff are all kind to me."

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoken with commented that Mantlin Cottage was a good place to work and that they were supported in their role by the manager. The staff described the home like a family situation where the needs of the residents always come first. One comment was: "It's a family within a family; everyone gets on well in here; it's full of characters."

We spoke with a visiting professional who was complimentary about the person centred care provided and the pleasant atmosphere in the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Mantlin Court was undertaken on 26 October 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place in regard to the selection and recruitment of staff.

There were systems in place to ensure that staff were trained and supported to do their job. Staff were also provided with regular supervision and appraisal by the manager.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice about how they wished to spend their day. For example, we observed a number of residents going out for a walk and another resident was accompanied to a local hairdresser.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that they felt safe in the home and that staff were always available.

A visiting professional said that staff were knowledgeable about how the needs of residents should be met and that they followed their recommendations, as appropriate.

In summary, there were robust arrangements in place to ensure that staffing was safe.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

The manager was identified as the appointed safeguarding champion for the home; the manager has the responsibility of implementing regional adult safeguarding guidance and the home's adult safeguarding policy.

Review of staff training records confirmed that all staff had completed adult safeguarding training this year. Staff told us they were confident about reporting concerns about residents' safety and poor practice.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address such issues in a timely manner.

Review of residents' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive practices were needed. It was good to note that, where possible, residents were actively consulted with whenever restrictive interventions were required; this was good practice.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. This helped ensure that residents felt safe within the home and were kept safe from harm.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Observation of the home's environment evidenced that it was well maintained.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

It was noted that there was a number of fire doors within the environment were inappropriately propped open using wedges. This was identified as an area for improvement.

Residents said that they enjoyed having their own private space and that they could spend time in the communal areas if they wished; they felt the home was kept clean and comfortable. The safety of the environment will be further improved by compliance with the identified area for improvement.

5.2.4 How does this service manage the risk of infection?

Feedback from the manager confirmed that there were robust arrangements in place for the management of potential risks associated with COVID-19 and other infections. The home is also participating in the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

Review of care records provided assurance that the repositioning needs of residents were consistently and effectively managed. There was also evidence that staff liaised with the community nursing service as needed and knew how to request specialist pressure relieving equipment, if needed.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

We reviewed the dining experience of residents and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms and trays were taken to these residents. One comment was: "The food is lovely, we have a new cook; you can get anything you want."

The dining experience was an opportunity for residents to socialise; music was playing in the background and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying both their meal and the overall dining experience.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

In summary, the assessed needs of the residents were effectively and consistently met by staff; staff communicated in a manner which promoted residents' privacy and dignity.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents' care records contained evidence of an annual review by their care manager or trust representative. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

Review of the care records sampled evidenced that these were accurately maintained and reflected residents' needs.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. It was observed during the inspection that a number of the residents were going out, accompanied by staff for a walk, while another resident was supported to visit a local hairdresser.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music, armchair exercises, bingo and quizzes. Where residents preferred to spend time in their rooms, staff engaged with these residents in one to one activities.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and Care Partner arrangements were in place and staff

commented on the positive benefits to the physical and mental wellbeing of residents; the manager communicated with residents' relatives by email and telephone in order to keep them updated on matters such as visiting arrangements.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The Manager completed regular audits of falls, care records, IPC and the home's environment.

There was an effective system in place to manage complaints which were seen as an opportunity for the team to learn and improve.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as approachable and always available for guidance. Staff were particularly appreciative of the practical and emotional support provided to them by the manager during the COVID-19 pandemic.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

The home was visited each month by the registered provider's representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the trust and RQIA.

In summary, there were robust governance arrangements in place to effectively monitor care delivery and service provision, and to help drive improvement.

6.0 Conclusion

The findings of the inspection provided RQIA with assurance that care delivery to residents was safe, effective, compassionate and well led. Residents were supported by staff to have meaning and purpose in their daily life in Mantlin Court; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

The environment was clean, tidy and well maintained; an area for improvement was identified in relation to fire safety practices.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Gillian Ingram, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that the practice of propping fire doors open is ceased with immediate effect.</p> <p>Ref: 2.0 & 5.2.3</p> <p>Response by registered person detailing the actions taken: Doors are no longer propped open. The staff team and service users are all aware this practice is to cease. Senior staff and management will carry out checks to ensure this does not happen in the future</p>

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