



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Mantlin Court (1755)

Date of Inspection: 15 January 2015

Inspector's Name: Bronagh Duggan

Inspection No: IN016727

**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

Name of home:	Mantlin Court
Address:	Mantlin Road Kesh BT93 1TU
Telephone number:	028 68633149
Email address:	gillian.ingram@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Ms Elaine Way
Registered Manager:	Mrs Gillian Ingram
Person in charge of the home at the time of inspection:	Mrs Gillian Ingram
Categories of care:	RC-LD RC-LD(E)
Number of registered places:	18
Number of residents accommodated on day of Inspection:	14
Scale of charges (per week):	As per Trust arrangements
Date and type of previous inspection:	Secondary Unannounced Inspection 13 February 2014
Date and time of inspection:	Primary Unannounced Inspection 15 January 2015 10.30am - 4.30 pm
Name of Inspector:	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 a primary unannounced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

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

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	2
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	5

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	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.
3 - Moving towards compliance	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.
4 - Substantially Compliant	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.
5 - Compliant	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.

7.0 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 and has been in this post since 2005.

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 18 persons under the following categories of care:

Residential care

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

8.0 Summary of Inspection

This primary unannounced care inspection of Mantlin Court was undertaken by Bronagh Duggan on 15 January 2015 between the hours of 10.30 am – 4.30 pm. Mrs Gillian Ingram registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and two recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that a refurbishment programme had been undertaken to address the environmental issues identified. This remained ongoing on the day of the inspection clear improvements have been made in this area. The staff supervision policy and procedures have been recently reviewed as recommended. The recommendation relating staff recruitment policies and procedures has been restated for a third time. The detail of the actions taken by Mrs Ingram can be viewed in the section following this summary.

Prior to the inspection Mrs Ingram the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, spoke with one relative on the telephone, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents and observed care practices. The inspector also issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

The inspector can confirm that following an analysis of care records, additional policy documentation and observation of delivery of care that the home are assessed as being Compliant with Standard 10 'Responding to resident's behaviour' and Standard 13 'Programme of Activities and events'. Full details of the findings are recorded in the main body of the report.

During the course of the inspection the inspector met with residents, and staff. Some comments received by residents are detailed below;

“We had a prayer meeting last night, I like it here”

“The staff are all very good, I am happy here”.

“I like it here, I like doing the board everyday”

“I like to colour and draw, the staff are kind”

Questionnaires were distributed to staff during the inspection; five were completed and returned to the inspector.

A number of additional areas were inspected. These included;

- Care Practices
- Environment
- Fire Safety
- Pre inspection returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, and vetting.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views.

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. An ongoing refurbishment programme was evidence on the day of inspection.

One new recommendation was made as a result of this inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 13 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	27 (2) (d)	<p>The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Repaint identified corridor walls (walls marked and paint chipped) • Repaint the identified bedrooms (walls marked) • Deep clean floor covering on ground floor (marks present) • Repaint the identified lounge (walls marked and paint chipped). <p>Ref: Section 1.1 (Additional Areas Examined)</p>	<p>A refurbishment programme has been undertaken within the home this included the repainting of identified areas and the deep cleaning of floor coverings. There was evidence of the programme still being followed on the day of the inspection to bring the refurbishments to a conclusion.</p> <p>This requirement shall not be restated.</p>	Substantially Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	24.2 & 21.5	<p>It is recommended that the staff supervision policy and procedures be reviewed in line with standard 21.5</p> <p>Ref: Criterion 24.2</p>	<p>Staff supervision policy and procedures was reviewed and updated in July 2014.</p>	<p>Compliant</p>
2	19.1	<p>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.</p> <p>Ref: Section 1.5 (Additional Areas Examined)</p>	<p>This issue has been raised with the HR Department in the Western Trust evidence was available in the home to confirm same. Records in the home confirmed that the content of the policy and procedure shall be discussed with RQIA.</p>	<p>Moving towards compliance</p>

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have a good knowledge and understanding of individual residents conduct, behaviours and means of communication - through care plans, risk assessments, admission information, training provided and multi-disciplinary working.	Compliant
Inspection Findings:	
<p>The home had a Management of Aggression Policy, and Policy for the use of Restrictive Interventions with adult service users (2011) and Deprivation of Liberty Guidance for Adult Mental Health and Disability. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge.</p> <p>Observation of staff interactions, with residents, identified that informed values of dignity and respect and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Managing Challenging Behaviour and Restrictive Interventions in 2014 which included a human rights approach.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
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<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Any change in behaviour is recorded, monitored and support sought from multi-disciplinary team as necessary - behaviour support team and sensory O.T. provide advice as required. Care plans and risk assessments are updated as necessary. Staff are in receipt of challenging behaviour training and MAPA training.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified behavioural issues, and the necessary care / treatment to manage same.</p> <p>A review of the records and discussions with one relative confirmed that they had been informed appropriately.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
Provider's Self-Assessment	
Care plans detail response required from staff, residents are aware of the content of the plan and agreement sought where appropriate. Next of kin would be encouraged to attend reviews where care plans/risk assessments would be signed off and agreed by all present.	Compliant
Inspection Findings:	
A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. A recommendation is made that all care plans remain legible, it was noted that one care plan which had been updated on a number of occasions was difficult to read in parts this was discussed with the registered manager.	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A behaviour management programme would be approved by relevant professionals as necessary.	Compliant
Inspection Findings:	
<p>A review of the homes policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.</p> <p>A review of two behaviour management programmes identified that they had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider's Self-Assessment	
Relevant professionals will be involved in supporting staff with the implementation of support plans. The community keyworker also provides support - training is provided to staff as necessary. Staff are also supported through staff meetings and supervision.	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in managing challenging behaviours and restrictive interventions. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place.	Compliant

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>All untoward incidents are reported to relevant bodies, professionals and next of kin. The care plan would be amended if necessary and a review meeting called if deemed necessary.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from August 2014 to December 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All staff are trained in MAPA. All staff are aware of Restrictive Practice Policy and interventions. All incidents are reported to relevant bodies, professionals and next of kin.	Compliant
Inspection Findings:	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident's care plan.</p> <p>Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. Types of restraint included chemical, and the use of bedrails for one identified resident and the use of a lap belt for one identified resident. The appropriate consultation and documentation was in place for the types of restraint used.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are based on individual residents interests and desires. Residents are encouraged to make suggestions with regard to activities. Participation in community activities and events are encouraged - activity assessments are in place.	Compliant
Inspection Findings:	
The home had a policy dated November 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The registered manager confirmed that the majority of residents would access local day care opportunities on a regular basis in addition to activities provided by the home. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment Activities are offered and facilitated depending on appropriateness, what is happening in the local area, ongoing activities and any suggestions the residents may have. Suggestions from staff and residents are welcomed and encouraged with regard to local activities and events.</p>	<p>Compliant</p>
<p>Inspection Findings: Examination of the programme of activities identified that social activities are organised at least five times each week. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents are asked individually and at residents council meetings what activity they would like to have facilitated. Despite a small number of residents generally declining participation in activities/outings they are still offered the opportunity.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of a suggestion box, satisfaction questionnaires issued annually by the home, resident/relatives meetings, one to one discussions with staff and care management review meetings.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>An activity board situated in the dining room is completed on a daily basis by a resident. Each resident has an individual activity plan displayed in their bedroom.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>On the day of the inspection the programme of activities was on display in the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs. Activities were displayed on a daily basis in pictorial format, this is completed daily by an identified resident.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
Residents are supported with activities as appropriate - referrals made to O.T. etc as required to enable resident participation.	Compliant
Inspection Findings:	
The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, music centres, arts and crafts materials.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are resident led, residents are free to opt out or into activities as they wish.	Compliant
Inspection Findings:	
The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
Provider's Self-Assessment	
The manager would ensure the delivery of any activity is appropriate depending on resident groups, this would be achieved through monitoring observation and feedback from residents and staff.	Compliant
Inspection Findings:	
The registered manager confirmed that if an outside agency was employed to provide activities for residents there would be monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
N/A.	Not applicable
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not Applicable

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment An appropriate record of activities is maintained within the home.	Substantially compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme is reviewed regularly, flexible and amended as frequently as required dependant on residents requests, community and other events or occasions.	Compliant
Inspection Findings: A review of the programme of activities identified that it had last been reviewed in November 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 12 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were keen to share their experiences upon arriving home from day care. 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:

"We had a prayer meeting last night, I like it here".

"The staff are all very good, I am happy here".

"I like it here, I like doing the board everyday".

"I like to colour and draw, the staff are kind".

11.2 Relatives/representative consultation

One relative who spoke with the inspector via telephone indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"The care is excellent, it is a great place, the staff are very good and support residents".

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"It's like one big family, you can go home knowing you have done a good job".

"The residents are very friendly; we all work well as team"

11.4 Visiting professionals' consultation

There were no visiting professionals available to meet with the inspector on the day of the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 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 by the inspector 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.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 25 November 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 11 November 2014. The records also identified that an evacuation had been undertaken on 18 December 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Ingram which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Gillian Ingram, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

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

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Western Health
and Social Care Trust

Chairman
Gerard Guckian

Chief Executive
Elaine Way

Ref EW.00768/JMcM

17th February 2015

The Regulation & Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear Sir/Madam

Please find enclosed completed quality improvement plan in relation to the primary unannounced care inspection of Mantlin Court which was undertaken on the 15th January 2015.

Should you require any further information, please do not hesitate to contact me.

Yours sincerely

ELAINE WAY CBE
CHIEF EXECUTIVE

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The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Unannounced Care Inspection
Mantlin Court
15 January 2015



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Gillian Ingram either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

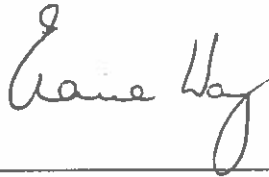
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8.5	<p>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.</p> <p>Ref: 10.0, Criterion 8.5</p>	One	Care plans have been re-typed as appropriate and we will endeavour to ensure any further amendments made to care plans are easy to read and follow.	From the day of inspection and ongoing.
2.	19.1	<p>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.</p> <p>Ref: 9.0</p>	Three	This matter has been raised with the Senior H.R. Manager and this will be reviewed at the next Policy Design.	22 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Gillian Ingram
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	9.3.15
Further information requested from provider			