

Inspection Report

22 September 2023



Mantlin Court

Type of service: Residential Care Home
Address: Mantlin Road, Kesh, BT93 1TU
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) Responsible Individual: Mr Neil Guckian	Registered Manager: Ms Gillian Ingram Date registered: 1 April 2005
Person in charge at the time of inspection: Mr Stephen Ingram, Team Leader	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: 16
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 18 residents. Accommodation is provided in single en suite bedrooms and all residents have access to communal spaces and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 22 September 2023 from 09.40 am to 2.45 pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be welcoming, clean and free from odours. Bedrooms were tastefully personalised and reflected items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents and knew the residents well.

Two new areas requiring improvement were identified during this inspection and one area for improvement was carried forward for review at the next inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

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 the previous quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

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.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them" and this was a "great place." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "nice." Compassionate interactions were observed between staff and the residents. Residents stated there was always activities available to complete.

Staff reported that there was a good staff team in Mantlin Court and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with stated that the care provided to residents was very important to them and was of a good standard. Positive comments were made by staff in regards to the manager in terms of the level of support provided to them and that they were approachable and proactive.

Ten questionnaires were returned by residents following the inspection. All of these records confirmed that residents were satisfied with the care provided to them in the home. Three questionnaires were returned from staff and a visiting professional; all of these provided positive responses.

5.0 The inspection

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

Areas for improvement from the last inspection on 18 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the medicine refrigerator is maintained between 2°C and 8°C. Corrective action must be taken if temperatures outside this range are observed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medication administration records are accurately maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

Appropriate checks had been made to ensure that care workers with the Northern Ireland Social Care Council (NISCC) were appropriately registered.

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 with the manager. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with reported staff were responsive to their needs and did not express any concerns in seeking support from staff reporting, "It's great in here" and "I feel very safe."

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' 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. Residents were well presented in their appearance. Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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.

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 commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were found to be very personalised and contained items which were important to them.

However, it was noted that there were specific areas such as entrance hallway and main lounge where the flooring was heavily marked. This was identified as an area for improvement.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 11 May 2023. No recommendations were made as a result of this assessment.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were also observed to carry out hand hygiene at appropriate times.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. This was observed during the inspection.

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.

Some residents were being supported to go out to work related activities or attend day care. For those residents in the home they were being encouraged to participate in cooking activities, while others listened to music of their choice. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music, watch television or engage in their own preferred activities.

One resident stated, "there's lots to do" when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

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 or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There had been no change in the management of the home since the last inspection. Mrs Gillian Ingram is the registered manager of this home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home. However, it was noted that there were incidents where RQIA had not been notified. This was identified as an area for improvement.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the registered provider to consult with residents, their relatives and staff and to examine 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.

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/or the Residential Care Homes' Minimum Standards (December 2002) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	1	2*

Areas for improvement and details of the Quality Improvement Plan were discussed with Stephen Ingram, team leader, 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	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: With immediate effect (22 September 2023)	The registered person shall ensure that any event which affects the health, care and welfare of residents is reported to RQIA. Ref: 5.2.5 Response by registered person detailing the actions taken: All events which affect the health, care and welfare of residents will be reported to RQIA.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2002) (Version 1:2)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: From the date of this inspection (18 July 2023)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 22 November 2023	The registered person shall ensure that the markings on the identified flooring is addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Sanding and varnishing of floors is due to take place on 20/11/23, 21/11/23, 27/11/23 and 28/11/23.

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