The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mantlin Court**

Provider: **Western Health and Social Care Trust**

Date of Inspection: **23 October 2024**

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
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Ms Gillian Ingram
Service Profile This home is a registered residential care home which provides health and social care for up to 18 residents who are living with a learning disability. Accomodation is provided over two floors and all residents are accommodated in single bedrooms. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 23 October 2024, from 10.00am to 4.10pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean, well maintained and no malodours were identified. Bedrooms were tastefully personalised to reflect the residents' interests.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents stated that they were well looked after in the home and advised that the staff were kind to them. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home. Comments included: "very happy here; they are good to me" "we do lots of knitting" and "I am so happy here. I am always busy, staff are so good to me; they are very kind. Its like a family here. I am well looked after and the manager is lovely."

Residents stated that they felt safe in the home. Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

Two relatives spoken with advised that their relative was well looked after. They stated that "staff are so lovely, the staff are so lovely when you come in; its like a family here. All of the residents and staff get on so well." They further advised that they had no concerns in regards to the care of their loved one and that their relative experienced a good social life in the home.

Five questionnaires were received from residents and relatives following the inspection. Respondents were very satisfied with the overall delivery of care. Comments included: "Staff make me safe" and "I am happy living in Mantlin Court."

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. Staff reported that there was a good staff team in the home which facilitated good communication.

A visitng professional spoken with during the inspection stated that “This is a lovely home; the residents are all relaxed and their care needs are met. The staff know the residents so well and the residents are happy here.”

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were always available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents’ needs were met by the number and skills of the staff on duty in a kind and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences. Staff interactions with residents’ were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. Observations of the staff and residents interactions during activies found staff to be reassuring and compassionate.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust’s Specialist Falls Service, their GP, or for physiotherapy.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

The importance of engaging with residents was well understood by the manager and staff. Each resident had an individual activity planner in place. Further to this an activity schedule was on display in communal areas offering a range of individual and group activities such as board games, arts and crafts, DVD night, and music activities. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

During the inspection a number of the residents were out at day care. For those who remained in the home they accompanied on a bus outing for some shopping. The residents commented that they were looking forward to the planned Halloween party and they were regular recordings of trips to local hotels and music activities.

For those residents who preferred not to participate in the activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities such as knitting. Residents commented that there was always something to do.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home and residents were supported to attend church services if they wished.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

It was noted on one care record where a resident was under a Deprivation of liberty, however there was no care plan in place. Furthermore in another care plan there was no evidence that the care plan was reviewed following a fall. Two areas for improvement were identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained and this was further reiterated by the residents. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents and light music played in the background.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Gillian Ingram has been the manager of this home since 1 April 2005.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2

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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** 31 October 2024	The registered person shall ensure that care plans are in place for all residents who require a deprivation of liberty. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans are in place for all residents who require deprivation of liberty, this will be amended and reviewed as necessary.
Area for improvement 2 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** 24 October 2024	The registered person shall ensure that care plans/risk assessments are reviewed following a fall. Ref: 3.3.3
	Response by registered person detailing the actions taken: Risk of falls is outlined in residents care plans and risk assessments as appropriate, if any amendments are necessary, this is completed immediately. However, I will now ensure this is dated as reviewed to provide evidence.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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