



Announced Care Inspection Report

26 October 2020



Mantlin Court

Type of Service: Residential Care Home
Address: Mantlin Road, Kesh, BT93 1TU
Tel no: 028 6863 3149
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 18 residents.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager and date registered: Gillian Ingram - 1 April 2005
Responsible Individual: Anne Kilgallen	
Person in charge at the time of inspection: 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 home on the day of this inspection: 15

4.0 Inspection summary

An announced inspection took place on 26 October 2020 from 10.00 to 13.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for residents
- quality improvement
- nutrition
- safeguarding
- consultation

Residents spoke positively of the care they received in Mantlin Court and some of their comments can be found in the main body of the report. All residents were well presented in their appearance and relaxed and settled in their environment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gillian Ingram, registered manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- a selection of quality assurance audits
- organisational structure
- complaints review
- compliments records
- incident and accident review
- minutes of residents'/relatives'/staff meetings
- activity planner
- three residents' nutritional care records
- menus

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires; ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Gillian Ingram, manager.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 January 2020. No further actions were required to be taken following the most recent inspection.

6.2 Inspection findings

Staffing

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by residents' dependency levels. Staffing levels had recently increased due to the reduction of day care services which residents attended prior to the COVID-19 outbreak. Discussions with residents confirmed that there were no concerns in relation to the staffing levels or skill mix in the home. Residents consulted spoke positively in relation to the care delivery in the home. One respondent within residents' relatives/representatives questionnaires was of the opinion that staff did not have enough time to care for residents. Staff consulted stated that they felt the staffing arrangements met the required needs of residents.

A documented induction programme was completed for all new staff commencing employment. New staff would be allocated supernumerary hours; hours in which they were not included within the normal duty working hours, to become more familiar with the home's policies and procedures and with the residents' care plans. The new employee would work alongside more experienced staff during this period to assist them.

The manager confirmed that a training file was maintained to ensure that all staff in the home completed relevant identified mandatory training. Compliance with training requirements was also reviewed as part of the monthly monitoring visit. Training was provided in a variety of ways. Staff engaged in electronic training and the manager also confirmed that they utilised any training offered through the local trust. An area had been identified where socially distanced face to face training could be facilitated safely.

Staffs' competency assessments were completed on medicines management and taking charge of the home in the absence of the manager. The manager confirmed that these assessments were reviewed on an annual basis. Competencies would be repeated should any concerns be identified prior to the annual review.

Discussion with the manager and staff evidenced that annual appraisals and staff supervisions were being completed in the home. Staff supervisions were conducted on a two monthly basis and records maintained. The manager confirmed that they would conduct supervisions on senior care assistants and senior care assistants would conduct supervisions on care assistants.

Management arrangements

The management arrangements have not changed since the last inspection. There was a clear organisational structure in the home. A senior manager on call rota clearly identified who was on call out of hours and bank holidays and provided their contact details. Emergency contact numbers were also available for staff to refer to regarding out of hours general practitioner or social work services. Contact details were also available if staff experienced a power cut or flood in the home.

Governance systems

Prior to the inspection we requested copies of audits to be sent to RQIA for review. Monthly audits were conducted on bank statements, medicines management, nutritional risk assessments, health and safety, complaints/compliments, accidents/incidents and on residents' care records.

Accidents were reviewed monthly for any patterns or trends as a means of identifying ways to reduce these where possible. A six month summary review identified suspected causes of falls and relevant comments on the actions taken in response.

A monthly complaints audit indicated no complaints had been received from July to September 2020. The manager confirmed that recording of complaints would include any actions taken to resolve the complaint and any actions taken to prevent a recurrence. Learning from complaints would be shared with staff and the WHSCT complaints department for further distribution if appropriate.

An annual survey was conducted to enable all residents and their families/representatives to give their opinions on the service provision and care delivery in the home. Results of the survey would be shared with the manager to feedback to staff and would form part of the annual quality report which was issued for Mantlin Court during July 2020. The manager confirmed that the report was shared with residents during a residents' council meeting. The report was sent to relatives/representatives and the manager confirmed that they would respond to any concerns identified directly with individual relatives/representatives or residents.

Staff in the home also completed an annual survey. Staff had the choice of anonymity when submitting their returns. The manager confirmed that staff in the home were encouraged to raise any concerns that they may have. Discussion with staff confirmed that there were no concerns in raising any issues with the home's management team. Feedback from the survey was discussed at the staff meeting.

Minutes from staff meetings were available for review. Topics discussed included hand hygiene, personal protective equipment (PPE), the COVID-19 file, cleaning schedule, fit testing, deprivation of liberty assessments, provision of activities, face timing and with the use of thickening agents. Minutes of the meetings were made available to and signed by staff when read.

A communication book was maintained in the home to record any significant changes in the home. Staff would review the communication book regularly. The team leaders would record a handover sheet to ensure any changes during the shift were captured and handed over staff during the shift handover. The manager confirmed that, in addition to general conversation with staff and one to one conversations with staff, important new information would also be attached to the duty rota to ensure that information was shared. The manager confirmed that management in the home kept up to date with COVID-19 guidance through a review of the guidance documentation sent from authorities such as the DOH, Public Health Agency (PHA) and RQIA.

The manager confirmed that the home maintained communication links with residents' relatives through regular telephone calls or speaking individually with them when they came to visit to keep them up to date with any changes that occur in the home due to COVID-19. The normal bi-annual relatives' meeting was postponed due to the COVID-19 outbreak.

Monthly monitoring visits were completed by the provider. An action plan was developed and discussed with the manager as a result of the visit where required. The action plan would be reviewed at the next visit. Monthly monitoring reports were completed and available for review.

Infection prevention and control

The manager confirmed that throughout the pandemic the home had remained free from COVID-19. Environmental infection control audits were completed regularly in addition to daily checks. Hand hygiene audits were also completed regularly and records maintained. The manager confirmed that a new trust audit tool had been utilised in the home to review staffs' compliance with PPE and the availability of PPE. Staff were observed, during a virtual walkaround the home, wearing PPE appropriately. All staff consulted during the inspection confirmed that they had received recent training on infection prevention and control relating to COVID-19.

The manager confirmed that a file was in place with a detailed plan to identify the cleaning regime in the home. Cleaning duties were allocated to day and night care staff as well as domestic staff. The regular cleaning of touchpoints such as door handles, light switches and pull cords had increased.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with residents. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a two weekly basis and all residents on a four weekly basis.

Visiting professionals were also required to notify the home prior to the visit and to wear PPE on entering the building. The manager confirmed that only essential visitors came to the home. The visiting professionals' temperatures were checked and hands sanitised before entering the home.

Quality of life for residents

During the inspection we undertook a 'virtual walk around' the home with the use of technology. Bedrooms and communal rooms observed were clean and tidy. Residents' bedrooms were personalised with their own belongings. Corridors were clear of any clutter or obstruction. A PPE station had been set up at the entrance to the home. The residents we consulted with were presented well in their appearance and were calm and relaxed in their environment. Staff were observed to provide care in a compassionate and caring manner.

The provision of activities for residents was discussed and agreed during residents' council meetings. The meetings were conducted monthly and topics discussed also included hand washing, coughs/sneezes, visiting, social distancing and residents' thoughts and views. Residents' who chose not to attend the meeting also had their thoughts and views taken into account. Minutes of meetings were read and signed by residents.

The day care facility which some residents attended was not available at the time of the inspection. All residents had their preferred daily routine recorded and incorporated their own interests. Activity care plans had been developed which included one to one activities for residents who did not wish to engage in group activity. An activities timetable was also available identifying planned activities morning, afternoon and evening. Residents were given the choice whether they wished to partake in the planned activity. Activities included hand

massage, arts and crafts, foot spa, church services, walks, nail painting, films, darts, knitting, baking, pub nights and boccia. Additional table top activities were available and residents were encouraged to help with household tasks. Personal shopping had also been facilitated during the COVID outbreak to ensure that residents had newspapers, toiletries, treats and drinks. Indoor visits had been facilitated in the home. Visiting was by appointment only. One visit at a time was facilitated for the residents. Visitors would sign a book at the entrance to the home and have their temperature checked. They would then be escorted to the back of the home and enter through a back door into a visiting room where they could engage with the resident. Visits were time limited to ensure that others could receive a visit and visitors were required to wear PPE which the home provided. The visiting room was decontaminated between visits. Virtual visits using technology was also encouraged.

Quality improvement

The manager described recent quality improvements in the home, focusing in improving residents' knowledge of COVID-19 and in keeping them safe while at the same time providing as normal a life as possible. Staff conducted the personal shopping to ensure that residents had the items important to them. Meal times in the home were now staggered to ensure that social distancing measures could be facilitated. Church visits had been postponed and staff had accessed online church services for all denominations. Hand washing demonstrations were conducted with residents to ensure that they were washing their hands properly. We observed this during the virtual walkaround the home. A Halloween party had been arranged to allow residents something to look forward to and to plan for.

Nutrition

We reviewed three residents' nutritional care records. Each resident had a nutritional assessment completed monthly or more often as required to assess for weight loss or weight gain. Nutritional care plans in place were up to date and indicated safe consistencies of food and fluids which the resident could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians. Easy read advice sheets were available to residents where a risk of choking was identified. This document also included information for staff. Care plans were in place when residents required nutritional aids such as a plate guard. The care plans also identified where residents required a special diet such as a diabetic diet. Care plans reviewed were written in a person centred manner; they were individualised for the person which they referred to. Records were maintained of residents' daily food and fluid intake.

We reviewed the current menus served in the home. A three week rolling menu was submitted for review. The menu was seasonal. The menus offered a varied range of foods and the manager confirmed that the cook in the home knew all of the residents' likes and dislikes. If the resident did not prefer either choice of meal then an alternative meal would be provided for them. The gaps between meal times were appropriately spaced out and drinks and snacks were provided in-between times. There were also snacks available for those who required having their food modified. Residents, who could, had access to the kitchen to make their own tea if they wanted.

Safeguarding

The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. There was an identified adult safeguarding champion aligned to the home for staff to discuss any safeguarding issues with. All staff had completed safeguarding training dependent

on their role in the home which made reference to the Mental Capacity Act 2016. The manager confirmed that if any restrictive practice was implemented in the home as part of a resident's care; residents consent would be sought. Risk assessments would be completed to ensure that the practice would be safe for the patient and care plans would be developed to guide the care and reviewed to ensure that the practice remained relevant. Risk assessments were also completed on all residents to identify if they were at risk of isolation or withdrawal or at risk of exploitation of others.

Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with seven residents individually confirmed that living in Mantlin Court was a positive experience. Those who couldn't verbally communicate appeared settled and relaxed in their environment. Eight residents' questionnaires were returned. All respondents indicated that they were very satisfied or satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Residents' comments included:

- "I feel safe here. Staff come to me when I call them. The staff are nice. Diane is very nice to me. I like talking to her."
- "I am very happy here."
- "When I need help, staff come to me and help. The staff are kind. I like the food here. Diane helps me."
- "I like it here."
- "There is great staff here. Top manager. The food is good and we get on with each other well. There is good craic here. We help the staff."

No residents' relatives/representatives were available for consultation during the inspection. Four residents' relatives/representatives questionnaires were returned. Respondents indicated that they were either very satisfied or satisfied that the home was providing safe, effective and compassionate care and that the home was well led. Comments included:

- "My family and myself want to thank all the staff in Mantlin Court who are going above and beyond in trying to keep an 'upbeat atmosphere' along with their devotion and dedication to all. A big thank you!!!"
- "Mantlin Court is a very well run and managed home. The staff are all very approachable and caring. I can't thank them enough for what they do. An excellent, all-round service."

During the inspection we consulted with four staff. Staff had the option of completing an online survey or completing a questionnaire; we received one questionnaire response. Comments from staff included:

- “We are in a different world at the moment. Residents have adapted very well.”
- “Morale with staff is still good here and we have fun. It is a good place to work.”
- “It’s good here. Can be stressful due to Covid. We are all part of one family here. The manager is very good.”
- “We have went through a lot of changes. Some days can be challenging. There’s not a high turnover of staff here.”
- “The residents’ care in Mantlin Court is very person centred and residents’ views and comments on their care is always taken on board. The team is well led by the manager who is very approachable.”

Any comments from residents, residents’ representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- “Thank you so much for all you have done for You have made a difference and we all appreciate it.”
- “Thank you Gillian and all the staff for making the visiting policy a reality.”
- “Thank you for everything you are doing in the face of the Coronavirus pandemic. Love and best wishes ...”

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Feedback from the inspection was positive. There were stable management arrangements in the home and residents appeared happy and well cared for. There were no concerns raised regarding the staffing arrangements and staff had embraced infection prevention and control measures to keep everyone in the home safe. Nutritional care assessments had been completed to identify weight loss and weight gain and care plans were in place to direct the care as necessary. Cards and letters of compliment evidenced positive feedback from residents’ relatives/representatives.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)