

Unannounced Inspection Report 21 January 2020



Mantlin Court

Type of Service: Residential Care Home
Address: Mantlin Road, Kesh, BT93 1TU
Tel No: 028 6863 3149
Inspector: Helen Daly

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 Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to 18 residents who are living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Ms Gillian Ingram
Person in charge at the time of inspection: Ms Clare Elliott, Team Leader	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD – learning disability LD(E) – learning disability – over 65 years	Number of registered places: 18

4.0 Inspection summary

An unannounced inspection took place on 21 January 2020 from 10.30 to 13.45.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to the management of medicines, staffing, the home's environment, communication between residents and staff and taking account of the views of residents and their families.

No areas for improvement were identified at this inspection.

Residents said that they enjoyed living in the home. They were observed to be relaxed and comfortable.

Comments received from residents, people who visit them and staff during the inspection are included in the main body of this report.

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 Ms Clare Elliott, Team Leader, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 19 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 August 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned to RQIA within the timescale (two weeks) specified for inclusion in the report.

During the inspection a sample of records was examined which included:

- care plans in relation to pain and distressed reactions
- personal medication records and medication administration records
- the management of medicines on admission, medication changes and antibiotics
- medicine management audits
- storage temperatures for medicines
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care inspection on 19 August 2019

Areas for improvement from the most recent care inspection dated 19 August 2019		
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015/Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure improvements are made to the environment including: <ul style="list-style-type: none"> • paint work on walls, skirtings, doors and door frames • the identified shower door should be refitted 	Met
	Action taken as confirmed during the inspection: Paint work on walls, skirting, doors and door frames had been repainted. The identified shower door had been refitted. The team leader advised that there is an ongoing maintenance programme in the home.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staff advised that they felt that there were enough staff to meet the needs of the residents and this was evidenced during the inspection. The residents we spoke with said that they felt well looked after in the home and that there were activities each day. Residents' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm. All areas inspected were appropriately decorated, clean and fresh smelling. Corridors were free from trip hazards and equipment/cleaning products

were stored in areas not accessed by residents. Bedrooms had been decorated in accordance with residents' preferences.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. However, one entry for a recent medication change had been amended. Staff were reminded that when there is a medication change the original entry on the personal medication record and medication administration record should be cancelled and a new entry made. Entries should not be amended. The team leader advised that this was the usual practice and this was evidenced during the inspection. Due to this assurance an area for improvement was not identified.

Daily and weekly audits on the management and administration of medicines were completed. There was evidence that medicines were administered as prescribed. Medicines were observed to be stored securely and at the recommended temperature.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

There was evidence that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

We reviewed the midday meal in the main dining room. Residents dined in the dining room or their preferred dining area. Tables had been laid appropriately for the meal. Food was served directly from the kitchen. The food served appeared nutritious and appetising, staff offered alternatives to ensure that each resident ate a nutritious meal. Staff were knowledgeable in relation to residents' dietary requirements and placements detailing speech and language recommendations were in use. Staff chatted with residents when serving the meals. We observed that although aprons were available staff did not wear them. This was discussed with the team leader who agreed to ensure that aprons are worn during the serving and assistance with meals. This will be reviewed at the next inspection.

Residents said:

- "That salad was lovely."
- "I really enjoyed that."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement provided by staff to ensure that residents received a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We spoke with several residents, all were complimentary regarding the care, staff, activities and home's environment.

Residents said:

- "I love it here. I love the company, the chat, the staff and the other residents. The manager and team leaders are great too. They would do anything for you. I like getting out to work and I enjoy my days off too. "
- "I like it here. I had a lovely Christmas."
- "I am happy."
- "I like it here. The food is good."

We spoke to the staff and the team leader who advised that they were aware of each resident's likes and dislikes. They said that they encouraged the residents to take part in activities.

None of the questionnaires that were issued to residents and relatives were returned to RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring that residents were provided with activities that they enjoyed, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There was evidence that medication incidents identified since the last inspection had been investigated to identify and implement any learning in order to prevent a recurrence.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The team leader advised that staff had completed training.

We met with five staff. They advised that they felt that residents were well cared for in the home. They said that they were aware of how to report any concerns regarding residents' care. Staff said:

- “This is a good home. I enjoy working here. The care is good and there are enough staff. I get good support from the manager and staff. Residents have a great social life.”
- “I am very happy working here. I got great training and the residents are great.”
- “I like it here, good management and enough staff. We're busy, the day flies.”

Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting residents' needs and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



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