



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Mantlin Cottage
Establishment ID No: 1139
Date of Inspection: 22 July 2014
Inspectors' Names: Bronagh Duggan and Lorna Conn
Inspection No: IN017319

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of Home:	Mantlin Cottage
Address:	Mantlin Road Kesh BT93 1TU
Telephone Number:	028 6863 1248
E mail Address:	derekmaxwell@praxiscare.org.uk
Registered Organisation/ Registered Provider:	Praxis Care Group Irene Elizabeth Sloan
Registered Manager:	Derek Maxwell
Person in Charge of the home at the time of Inspection:	Derek Maxwell
Categories of Care:	RC-LD RC-LD(E)
Number of Registered Places:	9
Number of Residents Accommodated on Day of Inspection:	9
Scale of Charges (per week):	£426.00 - £2107.23
Date and type of previous inspection:	20 July 2014 Unannounced Inspection
Date and time of inspection:	22 July 2014 10:00 – 17:45
Name of Inspectors:	Bronagh Duggan and Lorna Conn

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 inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is 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 include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

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

Residents	6
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	18	0

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 and theme:

- 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.

This inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour. The findings from an unannounced inspection carried out on 20 July 2014 which occurred in response to an anonymous call received by RQIA in relation to the management of an identified resident contributed to the decision to focus on the homes response to resident's behaviour. Issues in relation to restrictive practices which were identified during this inspection were escalated to senior management within RQIA and as a result the responsible individual was invited to attend a serious concerns meeting at the offices of RQIA on 28 July 2014 to discuss what actions are required to be taken to ensure the home returns to compliance.

The self-assessment information supplied in relation to Standard 13 Programme of Activities and Events has been included in the report.

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 Cottage residential care home is situated in the Village of Kesh in Co Fermanagh. The home is within walking distance of shops and local amenities.

The residential home is owned and operated by Praxis care group. Derek Maxwell is manager of the home and has been the registered manager for seventeen years.

Accommodation is provided in a single storey building which consists of nine single en suite bedrooms, kitchen, dining area, lounge, bathroom, shower room, toilet facilities, laundry room and an office. A small lounge area is situated to the front of the home. There is also a "sleep over" room for staff.

Outside to the rear of the home is a courtyard and garden area with seating for residents.

There are ample car parking facilities to the side and rear of the home.

The home is registered to provide care for a maximum of nine 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 announced care inspection of Mantlin Cottage was undertaken by Bronagh Duggan and Lorna Conn on 22 July 2014 between the hours of 10:00 - 17:45. Mr Derek Maxwell, registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection in March 2014 were also examined. Review of documentation, observations and discussions with staff demonstrated that the requirement that wheelchairs are stored suitably in the home has been met. The requirement previously made pertaining to the maintenance of a visitors book has been reiterated for the second time. Two recommendations had previously been made relating to the management of complaints. The first recommendation which related to records of complaints could not be reviewed as there had been no new complaints made since March 2014. This recommendation has been carried forward for review at the next inspection. The second recommendation which related to information / training for staff in relation to dealing with complaints has been addressed.

Prior to the inspection on 22 July 2014 Mr Maxwell completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Maxwell in the self-assessment were not altered in any way by RQIA.

During the inspection the inspectors met with residents and staff and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. They also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents were found to be appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

9.0 Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspectors reviewed the arrangements in place for responding to resident's behaviour. This inspection came in quick succession to an unannounced inspection two days previously and reviewed further the mechanisms in place to respond to resident's behaviour. A policy and procedure were in place which reflected best practice guidance in relation to restraint, seclusion and human rights. The need to notify RQIA on occasions when restraint is used should be included in the policy and procedure and a requirement has been made to address this. Through the inspectors' observations, a review of documentation and discussions with residents and staff, confirmation was obtained that any physical restraint would only be used as a last resort. There were no incidents reported of physical restraint being used in recent years.

There was evidence of PRN medication being used on a regular basis to manage the behaviours of two identified residents. The need to consider the differing needs of residents when dealing with uncharacteristic behaviours and recognition that behaviour can be affected by a range of issues should be reflected in residents care records. A recommendation has been made to consider these issues prior to administering PRN medication. A review of a sample of care records identified that a referral had been made to the Behaviour Support Services in relation to one of the residents. However, two other residents who would benefit from referrals being made had not been referred. These issues were discussed with Mr Maxwell and a requirement has been made.

Review of the homes Statement of Purpose updated in May 2014 showed a number of areas which require improvement. These areas related to the terminology used throughout the document, inaccuracies in the organisational structure and the types of restraint and restrictive practices used in the home were not clearly described. A requirement has been made to address these issues.

Residents' care records outlined their usual routine, behaviours and means of communication. However, a number of records reviewed did not clearly state how staff should respond to specific behaviours the individual residents may display. Staff who met with the inspectors demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records.

The evidence gathered through the inspection process concluded that Mantlin Cottage was moving towards compliance with this standard.

Resident and staff consultation

Inspectors met with six residents and three staff. Questionnaires were also issued by RQIA for staff to complete prior to the announced inspection. No completed questionnaires were returned. Mr Maxwell confirmed during discussion that these had not been circulated to staff prior to the inspection as he had been off on annual leave and therefore the mail had not been opened. A recommendation has been made that there are systems in place to ensure mail is

opened and actioned in the registered manager's absence. No completed questionnaires were returned after the inspection and prior to this report being issued.

Residents indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 11.0 of the main body of the report.

Care Practices

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. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of an acceptable standard. Resident's bedrooms were individualised and furnished with personal mementos. The part of the home used to accommodate one resident which could only be accessed via activation of a key pad system during the previous inspection of 20 July 2014 was fully open allowing free movement throughout the home. Another door leading to the outside area of the home was also open. There were no residents observed using this area of the home for the duration of the inspection.

Buzzer alarm systems were observed on bedroom doors. Two bedroom doors had viewing windows and a further two bedroom doors had two way peep holes. The use of these restrictive devices and viewing systems were discussed with Mr Maxwell who confirmed that the door alarm systems and release button device were never used despite being in place for a number of years. Inspectors were concerned about the potential of such devices to be used to restrict resident's movement throughout the home. The use of the viewing devices on the bedroom doors was also discussed with Mr Maxwell in relation to resident's privacy. Two requirements to address these issues have been made.

A number of other environmental issues were identified which need to be addressed. The plastic wall covering in an identified en suite bathroom was broken in places and needs to be fixed or replaced and a radiator was noted to be rusty with paint flaking off. A dismantled chair was observed sitting on the floor in the communal bathroom. A requirement and a recommendation have been made to address these issues. A recommendation has also been made that a hand gel/soap dispenser should be positioned at the entrance to the home in keeping with the promotion of good hand hygiene.

The inspectors examined the home's most recent fire safety risk assessment which was due to be reviewed and updated on 11 July 2014. There was no evidence that this had been completed. A requirement has been made in regard to this.

Inspectors viewed the fluid intake records of an identified resident. It was noted that these records were not exact and staff were unable to identify the amount of fluids taken. A requirement has been made that an accurate record of fluid intake is maintained and any identified deficits in fluid intake are addressed.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, and information in relation to resident dependency levels, guardianship, finances, and vetting of staff.

Further details can be found in section 11.0 of the main body of the report.

As a result of the issues identified during this inspection in relation to resident care including restrictive practices information was escalated to senior management within RQIA. The responsible individual was invited to attend a serious concerns meeting at the offices of RQIA on 28 July 2014 to discuss what actions are required to be taken to ensure the home returns to compliance.

Nine requirements and five recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, Mr Maxwell and staff for their assistance and co-operation throughout the inspection process.

9.1 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19 (2) Schedule 4 - 22	Ensure visitors book is maintained in accordance with regulation.	<p>The visitor's book was not on display. It was stored in a drawer in the hallway of the home. A review of the visitor's book showed that it was not being completed on a regular basis.</p> <p>This requirement has not been addressed and has been stated for the second time.</p>	Not compliant
2	27 (I)	Ensure there is suitable storage provision for the storage of wheelchairs in the home.	<p>Wheelchairs were found to be stored suitably for resident's individual needs.</p> <p>This requirement has been addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	17.10	Ensure records kept of complaints detail the result of the investigation and the action taken including whether or not the complainant was satisfied with the outcome.	<p>There had been no new complaints since the previous inspection.</p> <p>This recommendation will be reviewed during the next inspection.</p>	Not applicable
2	17.8	Ensure staff are provided with information/training in respect of how to record details of complaints, communications with the complainant, the result of any investigations and the action taken.	<p>Records were viewed which showed staff had been briefed in relation to how to handle complaints and a complaints procedure was also on open display in the home.</p> <p>This recommendation has been addressed.</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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment The Staff team in Mantlin cottage is very static and their knowledge off the resident population, the communciation and behaviours is to a high standard.	Compliant
Inspection Findings: The home had a policy and procedure in place titled Management of Behaviours which Challenge dated 23 April 2013. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. The policy did not clearly state that RQIA must be notified on each occasion restraint is used. The homes policy should be amended to reflect this. A requirement has been made in this regard. Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated during the inspection. A review of staff training records identified that all care staff had received training in behaviours which challenge titled Managing Violence and Aggression during 2013/2014. Records showed that four staff were overdue their yearly update. The training content included a human rights approach. Staff who met with the inspectors demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	Substantially Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
In the event that a resident's behaviour becomes uncharacteristic the staff team will report the matter to the line manager or supervisor in charge on the shift. This can be evidenced in their daily notes.	Compliant
Inspection Findings:	
<p>The policy and procedure, Management of Behaviours which Challenge 2013 includes the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the Trust and relatives . Agreed and recorded responses to be made by staff <p>Staff demonstrated knowledge and understanding in relation to resident's individual needs. Staff shared how they would report any changes in resident's behaviour.</p> <p>It was noted through a review of care records that one resident had received PRN medication on a number of occasions in quick succession without specific records to explain why. On occasions the care records had recorded that the resident was "agitated". Further inspection of care records showed that the resident experienced recurrent chest infections. The need to consider the differing needs of residents when dealing with uncharacteristic behaviours and recognition that behaviour can be affected by a range of issues including physical, social, emotional and environmental issues should be reflected in residents care records. It has been recommended that these issues are considered prior to administering PRN medication to manage resident's behaviour.</p>	Moving towards compliance

<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any responses that staff need to make in regards to a residents behaviour is detailed in their care plan / risk assessment and all relatives and professionals are aware of this.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of three care plans identified specific behaviours that residents can display, with general approaches on how to manage these behaviours. There was evidence in one of the records that a resident had been referred for behaviour support services. However, two of the records showed that residents were frequently displaying challenging behaviours but had not been referred to the behaviour support services. A requirement has been made that referrals to behaviour support services be made for the two residents.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and by Mr Maxwell.</p>	Moving towards compliance
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any residents that we would have on a behaviour management programme would be approved by an appropriate professional.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Mr Maxwell confirmed that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion could not be measured.</p>	Not Applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>We currently do not have any behaviour management programme in place in Mantlin cottage.</p>	Compliant
<p>Inspection Findings:</p>	
<p>As already stated in 10.3 there are currently no residents with a behavioural management plan in place. However staff training records available in the home showed that staff had received training in Managing Violence and Aggression. Staff spoken with talked about the use of calming and diffusing techniques.</p> <p>Staff confirmed that they felt supported and that the support ranged from the training provided, supervision, de-brief sessions, and staff meetings.</p>	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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If any incident were to occur outside the scope of the residents care plan, this would be reported and recorded appropriately.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from April 2013 to June 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA are being appropriately notified.</p> <p>A review of three care plans identified that two had been updated and reviewed and contained evidence of multidisciplinary involvement in the care planning. One did not include involvement from Trust personnel and relevant others. This issue had already been raised with Mr Maxwell as a result of the findings from the inspection carried out on 20 July 2014 and is currently being addressed through RQIA enforcement procedures.</p>	Substantially compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>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.</p>	
Provider's Self-Assessment	
<p>The ethos of the manager and staff team is opposed to using physical restraint and it has been 3 years since physical restraint has been used within Mantlin Cottage. If it were to be used records would be kept in all instances.</p>	Compliant
Inspection Findings:	
<p>Discussion with staff, a review of staff training records and an examination of care records confirmed that restraint would be used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proven unsuccessful. Staff spoken with confirmed that they have not used physical restraint for a number of years in the home; and confirmed that they would always try to diffuse and calm situations through the use of distraction techniques.</p> <p>Within Mantlin Cottage a number of restrictive practices were observed. Bedroom doors were observed with buzzer alarms, viewing windows in two bedroom doors, peep holes in two bedroom doors and one bedroom had a release type button device situated outside the bedroom. On inspection these electrical devices were found to be active. Discussion took place with Mr Maxwell around the use of such devices in the home. Mr Maxwell confirmed that the door alarm systems and release button devices were never used in the home despite being in place for a number of years. However, as a result of the issues identified during this inspection and the unannounced inspection on 20 July 2014 inspectors were concerned that these devices could potentially be used as a form of restraint.</p> <p>The use of the viewing devices on the bedroom doors was also discussed with Mr Maxwell in relation to resident's privacy. Two requirements to address these issues have been made.</p>	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

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	
Our in house activities were all designed around our service users and their needs. All service users were asked through a service users meeting the activities and events they would like to see done in the evenings.	Compliant
Inspection Findings:	
As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.	Not Assessed
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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities were designed around the needs and interest of our service users. All service users were given choice in what they wanted to do within the activity plan. Healthy living and exercise (weather permitting) is also promoted within the activity plan.	Compliant
Inspection Findings:	
As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.	Not Assessed

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	
We would have 4 residents that tend to stay in their rooms during activities, these residents are asked if they would like to participate in the in house activities and if they decline it is recorded on the daily activity book.	Compliant
Inspection Findings:	
As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.	Not Assessed
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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Our programme of activities is displayed on the notice board in the main hallway beside the kitchen. All staff, service users and their representatives are aware of where this is.	Compliant
Inspection Findings:	
As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.	Not Assessed

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: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff within Mantlin Cottage work closely with residents on the activity of their choice. We have a selection of board games, table top activities etc	Compliant
Inspection Findings:	
As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.	Not Assessed
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	
Service users participate in each activity at a length and time that suits them.	Compliant
Inspection Findings:	
As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.	Not Assessed

<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>We currently do not have any person contracted in to do any activities.</p>	Compliant
<p>Inspection Findings:</p>	
<p>As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.</p>	Not Assessed
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>We currently do not have any person contracted in to do any activities.</p>	Compliant
<p>Inspection Findings:</p>	
<p>As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.</p>	Not Assessed

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>An activity record book is kept in the main office where the date, service users involved, the activity and staff member who took that activity is recorded.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.</p>	<p>Not Assessed</p>
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Our activity programme is reviewed in September and March times and service users are given the choice of which activities they would like to see in the new revised programme.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As a result of issues identified in Mantlin Cottage, this inspection focused on the homes compliance with Standard 10 Responding to Residents Behaviour.</p>	<p>Not Assessed</p>

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not Assessed

11.0 ADDITIONAL AREAS EXAMINED

11.1 Resident's consultation

The inspectors met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were relaxing outside. 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. One resident stated they would like their own house but was still happy in Mantlin Cottage. This information was shared with Mr Maxwell.

Comments received included:

- "It's lovely living here"
- "I like going out on nice days for picnics"
- "Staff are great, very friendly"

11.2 Staff consultation

The inspectors spoke with three staff members. Discussions with staff identified that they 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:

"Things are very smooth here"

"Residents are happy; the care is first class, second to none"

11.3 Visiting professionals' consultation

There were no visiting professionals in the home on the day of inspection.

11.4 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.

11.5 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion. 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.

11.6 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.

11.7 Environment

The inspectors viewed the home accompanied by Mr Maxwell and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as generally clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory. A chair which had been dismantled was observed in the communal bathroom, this was discussed with Mr Maxwell, and should be removed. A recommendation has been made in this regard. The plastic wall covering in an identified en suite bathroom was broken in places and needs to be repaired or replaced. Also in the same en suite a radiator was noted to be rusty with paint coming off. A requirement has been made in relation to these issues.

A number of devices including buzzer alarms were observed on bedroom doors. Two bedroom doors had viewing windows and a further two bedroom doors had two way peep holes in situ. One bedroom was found to have a release type button on the outside of the bedroom room which was linked to a key pad inside the room. When tested the buzzer alarm and release type button system were found to be active. The use of these restrictive devices and viewing systems were discussed with Mr Maxwell who stated that the door alarm systems and release button device were never used in the home despite having been in place for a number of years. Inspectors were concerned about the potential of such devices to be used to restrict resident's movement throughout the home. The use of the viewing windows and peep holes on the bedroom doors were also discussed with Mr Maxwell as these have an impact on resident's privacy in their own bedroom and can be viewed as a form of restrictive practice. Two requirements to address these issues have been made.

In relation to the main entrance area of the home a recommendation has also been made that a hand gel dispenser for the purposes of good infection prevention and control be placed where it can be easily accessed for visitors going to and from the home in keeping with best practice.

11.8 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.

11.9 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion. 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 inspectors examined the home's most recent fire safety risk assessment which was due to be reviewed and updated on 11 July 2014. There was no evidence that this had been completed. A requirement has been made in regard to this.

A review of the fire safety records evidenced that fire training had been provided for staff. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Maxwell. Mr Maxwell 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.

11.11 Statement of Purpose

The most recent Statement of Purpose dated May 2014 was reviewed. A number of areas were noted for improvement. These related to the terminology used throughout the document which included "control and discipline" and reference to "the adult" when talking about residents. There were inaccuracies in relation to the organisational structure and the types of restraint and restrictive practices used were not clearly described. A requirement has been made. An updated Statement of Purpose dated July 2014 has since been shared with RQIA in response to these findings and is currently being considered.

11.12 Measurement of fluid intake

Inspectors viewed the fluid intake records of an identified resident. It was noted that the records were not exact. General measurements were recorded such as "one cup" without giving the specific measures in terms of exact volumes. Given that access to fluids for this resident had been restricted previously the need to ensure exact records are available is imperative to make a full assessment of their fluid intake. A requirement has been made that an accurate record of fluid intake is maintained and any identified deficits in fluid intake are addressed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Derek Maxwell, 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



Quality Improvement Plan

Primary Announced Care Inspection

Mantlin Cottage

22 July 2014

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 Mr Derek Maxwell 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 19 (2) Schedule 4 - 22	The registered manager must ensure the visitor's book is maintained in accordance with regulation. Ref: 9.1	Two	The visitors is now maintained in accordance with the regulations. Every effort is being made to ensure all visitors sign in/out	26 August 2014
2.	Regulation 12 (1) (a)	The registered manager must ensure referrals are made to the Behaviour Support Service for the two identified residents. Ref: 10.3	One	WHSCCT behaviour team do not accept direct referrals from residential facilities. The gateway to these services are the GP and/or Statutory Key-worker from the Host Trust. Requests have been forwarded for the identified individuals	26 August 2014
3.	Regulation 14 (5)	The registered manager must ensure the buzzer alarm systems, release button device, and keypads are reviewed immediately. Ref: 11.7	One	All obsolete internal monitoring mechanisms have been removed.	26 August 2014
4.	Regulation 13 (8) (a)	The registered manager must ensure the viewing windows and peepholes in situ on bedroom doors are reviewed immediately in respect of resident's privacy and dignity. Ref: 11.7	One	Observation windows and peep holes have been permanetly removed.	26 August 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
5.	Regulation 3 (1) (a)	<p>The registered manager must ensure the Statement of Purpose is reviewed and ensure that:</p> <ul style="list-style-type: none"> • Terminology used is the most up to date and in keeping with current best practice; • The current organisational structure is included; and • The circumstances of the use of restraint and any restrictive practices in the home are detailed. <p>Ref: 11.11</p>	One	The Statement Of Purpose has been duly ammended	16 September 2014
6.	Regulation 27 (4) (a)	<p>The registered manager must ensure the home has an up to date Fire Safety Risk Assessment.</p> <p>Ref: 11.9</p>	One	Fire Assessment is now current and available for inspection upon request	26 August 2014
7.	Regulation 14 (6)	<p>The registered manager must ensure the homes policy and procedure on Management of Behaviours which Challenge is updated to clearly reflect the need to inform RQIA any time restraint is used.</p> <p>Ref: 10.1</p>	One	The homes policy has been ammended to reflect Regulation 14 (6)	23 September 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
8.	Regulation 27 (2) (b)	The registered manager must ensure the radiator and wall covering in the identified “en suite” is replaced or improved. Ref: 11.7	One	Completed within time scale	16 September 2014
9.	Regulation 13(1)(a)	An exact measurement system should be in place when recording resident’s fluid intake. Ref: 11:12	One	All recorded fluid intake is now recorded in mls	Immediate and ongoing

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	30.1	<p>Prior to administering PRN medication to manage behavioural changes staff should consider possible triggers including physical, social, emotional and environmental changes.</p> <p>Ref:10.2</p>	One	<p>All prescribed PRN sedative medication for four residents has been reviewed with three residents having been discontinued. The fourth resident who remains on prescribed prn medication has had their care plan reviewed to take into consideration possible triggers and alternative strategies prior to administration.i</p>	26 August 2014
2	27.3	<p>The identified dismantled chair should be removed from the communal bathroom area.</p> <p>Ref:11.7</p>	One	Completed	26 August 2014
3	35.7	<p>A hand gel / soap dispenser should be situated at the entrance area to the home to promote good hand hygiene for those entering and leaving the home.</p> <p>Ref:11.7</p>	One	Complete	16 September 2014
4	17.10	<p>Ensure records kept of complaints detail the result of the investigation and the action taken including whether or not the</p>	Two	<p>There has been 1 complaint since inspection which has been referred to Stage 2</p>	Immediate and ongoing

		complainant was satisfied with the outcome. Ref: 9.1			
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No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
5	20.10	<p>There should be systems in place to ensure mail is opened and actioned in the registered manager's absence.</p> <p>Ref: 9.1</p>	One	Administrative officer has direct access to managers correspondence in their absence.	16 September 2014

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 returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Tracey Marshall (Acting)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Willie McAllister on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	24/9/14
Further information requested from provider			