



The **Regulation** and
Quality Improvement
Authority

Mantlin Cottage
RQIA ID: 1139
Mantlin Road
Kesh
BT93 1TU

Inspector: Bronagh Duggan
Inspection ID: IN022351

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**Unannounced Care Inspection
of
Mantlin Cottage**

2 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 2 February 2016 from 10.00 to 14.45. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This related to the further development of an identified resident's care plan pertaining to a specific medical condition.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the person in charge Caroline Walker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Irene Elizabeth Sloan	Registered Manager: Derek Maxwell
Person in charge of the home at the time of inspection: Caroline Walker	Date manager registered: 01/04/2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 9
Number of residents accommodated on day of inspection: 8	Weekly tariff at time of inspection: £437- £2585 per week

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1 – Residents’ views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA from the previous inspection on 21 July 2015 and the returned Quality Improvement Plan.

During the inspection we met with five residents’ and two care staff. There were no visiting professionals or resident’s visitors/representatives present during the period of inspection.

The following records were examined during the inspection: two care records, minutes of residents meetings, monthly monitoring reports, completed service user satisfaction questionnaires and report, the home’s policy on residents involvement, the home’s Statement of Purpose, accident and incident records, staff training records, compliments and complaint records and the home’s Fire Safety Risk Assessment.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 21 July 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection on 21 July 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 32.1 (h)	The registered manager must submit a variation application to RQIA in regard to changes made to the internal environment. Application to make changes must in the first instance, be made and given prior to any work commencing.	Met
	Action taken as confirmed during the inspection: We could confirm that this information was submitted to RQIA.	

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.2	The registered manager should ensure that all care staff complete specific continence training.	Met
	Action taken as confirmed during the inspection: From our discussions with the person in charge and inspection of training records maintained in the home we could confirm that all care staff had completed training in continence management.	

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

In our discussions with the person in charge and staff member on duty they confirmed that individual choices, preferences, or issues of concern identified by residents are listened to and readily acted on. We inspected the home's Statement of Purpose which outlined the values to underpin service delivery in the home. These included dignity, respect, choice, independence, safety, equality and active involvement in service provision.

We inspected two care records. One record had been recently reviewed and updated. This included an up to date needs assessment, risk assessment and care plan. We noted from the second care record that it was due to be updated at the end of January 2016. The person in charge confirmed this would be done by the end of the week. We noted monthly evaluations were maintained on an up to date basis and reflected any changes in the residents' condition.

Staff demonstrated to us good awareness of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

Is care effective? (Quality of management)

The home had a policy in place which outlined the service user involvement strategy. Residents are actively encouraged to be involved with their individual care/support planning; residents were also encouraged to actively participate in service provision. The person in charge informed us that residents had the opportunity to participate in interview panels when the home was recruiting new staff. Residents were supported to complete specific training in relation to recruitment practices. Residents also had the opportunity to participate in monthly residents meetings. We inspected the minutes from residents meetings. These showed residents were consulted with on a regular basis and any issues raised by residents were acted on by the management of the home.

We viewed the home's complaints procedure. This was presented in a user friendly format for residents and was available in a central part of the home. The views and opinions of residents were sought formally on an annual basis. The person in charge confirmed this information was then compiled within a report and was made available for residents and their

representatives. The person in charge confirmed that the views of representatives were also sought on a regular basis. We viewed the most recently completed resident views questionnaires. These had been completed for February 2016. The person in charge confirmed this information had still to be analysed before being compiled within the annual report. We viewed a completed service users report from 2014. The person in charge confirmed that any issues raised were addressed by the management of the home.

In our discussion with the person in charge she confirmed that the views of residents and their representatives are sought on a regular basis during the monthly provider visits. We inspected a selection of provider monthly monitoring reports. These confirmed that the views of residents and representatives regarding the quality of services and facilities were regularly sought.

The person in charge confirmed that residents and their representatives would be informed about any planned inspections and the arrangements for them to give their views about the home to the inspectors.

Is care compassionate? (Quality of care)

In our discussions with the person in charge and staff member on duty they confirmed that residents' individual needs and preferences are at the centre of care provision in the home.

In our observations of care practices and interactions between residents and staff we found that residents were treated with dignity and respect when being supported by staff. Residents were also observed returning to the home following participation at their day care placements. Residents were relaxed and readily interacted with staff, sharing their experiences of the day.

Areas for improvement

We did not identify any areas for improvement from the standard inspected. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents views

We met with five residents in the home. In accordance with their capabilities all residents indicated that they were happy in the home, their relationship with staff and the provision of care. Observations of interactions between residents and staff were warm and friendly.

5.4.2 Staff views

We spoke with the person in charge and the care staff member on duty. Both staff members confirmed to us that they were well supported in their roles and that they were provided with the relevant resources to undertake their duties. The staff members confirmed that residents' views and comments shape the activities and facilities provided by the home.

5.4.3 Care Plan

In our observations and inspection of care records, we noted that a resident had an identified health condition. We also inspected recent records maintained in the home relating to the resident's general presentation. We advised the person in charge to share the recent information with the residents' general practitioner. The day following the inspection the registered manager forwarded information to RQIA confirming that the resident had been seen by their general practitioner and a referral had been made to a specialist practitioner. We made a recommendation that the care plan for the identified resident should be developed further to ensure it specifically reflects the presentation of the condition in order that the resident's needs would be fully met.

5.4.4 Accidents and incidents

We reviewed the accident and incident notifications since the previous inspection; these had been reported and managed appropriately.

5.4.5 Complaints

We reviewed complaint records maintained in the home. All complaints recorded were handled appropriately by the home.

5.4.6 Fire Safety

An up to date fire safety risk assessment was in place. Fire safety checks, fire drill and staff fire safety training were maintained on an up to date basis.

Areas for improvement

We identified one area for improvement within the additional areas examined. This related to more detailed information being included in the residents care plan regarding the management of the identified condition.

Number of requirements:	0	Number of recommendations:	1
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6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge Caroline Walker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

Quality Improvement Plan			
Recommendations			
Recommendation 1	The registered manager should ensure that the identified resident's care plan is developed further to specifically reflect the presentation of the resident's medical condition in order that the resident's needs would be fully met.		
Ref: Standard 6.2			
Stated: First time			
To be completed by: 16 February 2016	Response by Registered Person(s) detailing the actions taken: The said named care plan has been updated to reflect the presentation of the residents medical condition and his expentations. This was completed on the 18.02.16 for the said service users review and signed off by all relevant parties.		
Registered Manager completing QIP	DEREK MAXWELL	Date completed	23.02.16
Registered Person approving QIP	Andy Mayhew on behalf of Irene Sloan	Date approved	02.03/16
RQIA Inspector assessing response	Bronagh Duggan	Date approved	04.03.16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address