



The Regulation and  
Quality Improvement  
Authority

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

Inspector: Bronagh Duggan  
Inspection ID: IN022350

Tel: 02868631248  
Email: derekmaxwell@praxiscare.org.uk

---

**Unannounced Care Inspection  
of  
Mantlin Cottage**

**21 July 2015**

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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 21 July 2015 from 10.45 to 16.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the QIP within this report were discussed with Mr Derek Maxwell registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Irene Elizabeth Sloan	<b>Registered Manager:</b> Derek Maxwell
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Derek Maxwell	<b>Date Manager Registered:</b> 01/04/2005
<b>Categories of Care:</b> RC-LD, RC-LD(E)	<b>Number of Registered Places:</b> 9
<b>Number of Residents Accommodated on Day of Inspection:</b> 8	<b>Weekly Tariff at Time of Inspection:</b> £337 - £2280

### 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 and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ Process

Prior to inspection we analysed the following records: Notifications of accidents and incident records submitted to RQIA and the returned Quality Improvement Plan.

During the inspection the inspector met with eight residents, two care staff and the registered manager. There were no visiting professionals or residents visitors in the home during the period of the inspection.

We inspected the following records:

- Three care records
- Staff training records
- Relevant policies and procedures
- Fire Safety Risk Assessment
- Compliment and complaints records
- Accident and Incident Notifications
- The homes Statement of Purpose.

### 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 20 January 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 3 (1)</b> <b>(a)</b>	The registered manager must ensure the Statement of Purpose is reviewed and ensure that: <ul style="list-style-type: none"> <li>The circumstances of the use of restraint and any restrictive practices in the home are detailed.</li> </ul>	Met
	<b>Action taken as confirmed during the inspection:</b>  We inspected the homes Statement of Purpose. This included relevant information regarding the use of different types of restraint or restrictive practice used in the home.	

## 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

### Is care safe? (Quality of life)

The registered manager confirmed to us that residents can and do spend their final days in the home. This is unless there is a documented health care need that prevents this. The registered manager also stated that it had been a number of years since the home had experienced the death of a resident.

One staff member shared their experience of supporting a dying resident and how they worked with the palliative care team a number of years earlier. The staff member talked about the need to share relevant information with professionals and the resident's family. They were also aware of the need to monitor the resident's condition closely. Thus ensuring all their care needs could be met. As there had been no recent experiences of death within the home other staff shared with us their understanding of how they would support a resident if such circumstances arose.

Staff confirmed that they would work closely with other health care professionals. This would include the residents GP, the district nursing service and any other professionals involved in the residents care. Staff informed us that they would liaise closely with resident's families and keep family members informed of any change in the resident's condition. Assessments and care plans would be updated accordingly as the residents needs change.

Staff were aware of the need to ensure residents are made as comfortable as possible, and to report any changes in the residents condition to the relevant health care professionals.

### **Is care effective? (Quality of management)**

The home had a policy in place regarding dying and death. This contained relevant information regarding the holistic approach of care provision and outlined the procedure to be followed after the death of a resident including return of personal belongings. We inspected three care records all of these contained individual dignity plans. The plans included resident's personal wishes, next of kin details and specific funeral arrangements.

Staff confirmed that the deceased's belongings would be handled with care and respect. They were aware of the need to respect resident's personal property and to ensure families are afforded the requested amount of time before belongings are removed.

### **Is Care Compassionate? (Quality of Care)**

In our discussions with the registered manager and staff they confirmed that the needs of the resident would be met with a strong focus on dignity and respect. Information would be communicated sensitively to family members who would be given privacy and time to spend with their loved one.

The registered manager confirmed that following the death of a resident the other residents would be informed in a sensitive manner. The registered manager also confirmed that residents would have the opportunity to pay their respects if so wished.

### **Areas for Improvement**

We identified no areas of improvement in relation to this standard. This standard was found to be safe, effective and compassionate.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## **5.4 Theme: Residents receive individual continence management and support**

### **Is care safe? (Quality of life)**

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. Care records showed that one resident required support in relation to a specific programme of continence management and support.

The registered manager confirmed to us that input is sought from the district nursing service regarding continence management. We inspected three care records, two of these reflected individualised assessments and plans of care. We noted close working with community services in relation to residents identified continence needs.

We inspected staff training records which showed staff had completed training in infection control in 2014. We noted five staff members had recently completed further training regarding continence management. The benefit of this training was discussed with the registered manager. We made a recommendation that all care staff should complete the continence management training.

### Is care effective? (Quality of management)

The home had a policy in place regarding continence management. This identified the need for referrals, assessment, specialist input and continual review of continence issues. In our discussions with staff they talked about the importance of maintaining residents privacy and dignity.

We observed adequate supplies of gloves, aprons, and hand washing dispensers throughout the home. No malodours were identified within the home.

### Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with dignity, care and respect when being assisted by staff. Continence care was undertaken in a discreet and private manner.

### Areas for Improvement

We identified one area of improvement for this theme. Overall this theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	1
--------------------------------	---	-----------------------------------	---

## 5.5 Additional Areas Examined

### 5.5.1 Residents Views

We spoke with eight residents individually. We observed the residents relaxing and participating in activities 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.

Comments from residents included:

“The staff are all just brilliant here, I am very happy. Everyone is very kind”.  
“I like it”.

### 5.5.2 Staff Views

We spoke with two care staff and received eight completed questionnaires distributed during the inspection. From the information received we can confirm staff were supported in their respective roles and were provided with the relevant training and resources to undertake their duties.

### 5.5.3 General Environment

The home was clean and tidy with no malodours present. The home had recently been redecorated; the décor and furnishings were of a good standard. We observed that the staff sleepover room had been moved to another area of the home. We also noted that another area of the home had been converted to an office space and the main entrance area of the home had been changed. This issue was discussed with the registered manager who

confirmed the changes had been introduced a few weeks earlier. The request to inform RQIA of any proposed changes to the premises was discussed with the registered manager. This information was shared with RQIA estates inspectorate. We made a requirement that a variation form must be submitted retrospectively to RQIA in this regard outlining the identified changes.

#### **5.5.4 Compliments and Complaints**

We inspected compliment and complaint records in the home. Records were retained of complaints investigations. These had been managed appropriately.

#### **5.5.5 Fire Safety**

We inspected the homes fire safety risk assessment and training records. We noted that the fire safety risk assessment was due for renewal by 25 July 2015. The registered manager confirmed that this would be completed within the time period. Staff training was maintained on an up to date basis. At the time of this inspection we observed no obvious risks within the environment in terms of fire safety.

#### **Areas for improvement**

We identified one area of improvement within the additional areas examined.

<b>Number of Requirements:</b>	1	<b>Number of Recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Derek Maxwell registered manager 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, 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](mailto: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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 32.1 (h)  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>22 July 2015</b>	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.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> This letter has been forwarded to RQIA on 23.07.15		
<b>Recommendations</b>			
<b>Recommendation 2</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>8 September 2015</b>	The registered manager should ensure that all care staff complete specific continence training.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff will have continence training by 8th September 2015.		
<b>Registered Manager Completing QIP</b>	Derek Maxwell	<b>Date Completed</b>	13.09.15
<b>Registered Person Approving QIP</b>	Willie McAllister on behalf of Praxis Care	<b>Date Approved</b>	17.09.15
<b>RQIA Inspector Assessing Response</b>	Bronagh Duggan	<b>Date Approved</b>	17.9.15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**