Unannounced Care Inspection Report
21 July 2016

Mantlin Cottage

Type of service: Residential
Address: Mantlin Road, Kesh, BT93 1TU
Tel No: 02868631248
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Mantlin Cottage Residential Home took place on 21 July 2016 from 10:10 to 17.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One requirement was made to ensure all fire safety recommendations are actioned accordingly and in good time. Two recommendations were made in regards to the completion of a risk assessment regarding free standing furniture situated throughout the home, and also to ensure staff complete at least one fire safety training session which is site specific to the home.

Is care effective?

No requirements or recommendations were made in relation to this domain. Some examples of good practice included up to date care records, close working with other key stakeholders, regular residents and staff meetings.

Is care compassionate?

One recommendation was made in regards to the storage of resident's daily notes. Some examples of good practice include promoting residents' rights, independence and dignity. Residents are enabled and supported to participate in meaningful activities. For example residents are encouraged to tend to the homes vegetable garden and to maintain links with their friends, families and wider community.

Is the service well led?

No requirements or recommendations were made in relation to this domain. Some examples of good practice included reviewing of complaints, gathering service user views on an annual basis, additional training for staff and regularly reviewed policies and procedures.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Ian Keys, Team Leader as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 February 2016.

2.0 Service details

Registered organisation/registered person: Praxis Care Group / Challenge	**Registered manager:** Mr Derek Maxwell
Person in charge of the home at the time of inspection: Mr Ian Keys	**Date manager registered:** 1 April 2005
Categories of care: RC-LD, RC-LD(E)	**Number of registered places:** 9

3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan, notifications of accidents and incidents submitted to RQIA since the previous care inspection and the previous inspection report.

During the inspection the inspector met with seven residents, two care staff, and the team leader in charge.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments

- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Residents satisfaction surveys
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 16 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 16 February 2016	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. **Action taken as confirmed during the inspection**: Review of the identified residents care plan confirmed that it had been updated accordingly.	**Met**

4.3 Is care safe?

The team leader confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- Team leader x 2 – (with identified person in charge)
- Support Worker x1
- Administrator x 1

During the evening shift with crossover period:

- Team leader x1
- Support worker x 2

Night shift:

- Team leader x 1(sleep over)
- Support Worker x 1

Review of completed induction records and discussion with the team leader and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The team leader and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the team leader confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the team leader, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The team leader confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the team leader identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The team leader confirmed that restrictive practices were employed within the home, notably a keypad entry system, and a pressure alarm mat. Discussion with the team leader regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The team leader confirmed there were risk management policy and procedures in place. Discussion with the team leader and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, equipment safety, and fire safety. One recommendation was made that a risk assessment should be completed within Health and Safety guidelines regarding free standing furniture situated throughout the home.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The team leader reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public health agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments.

A fire risk assessment was in place dated 28 July 2015, the team leader informed the inspector the next fire risk assessment was due to be completed on 29 July 2016 records available in the home confirmed this. It was noted however from review of the fire risk assessment completed in 2015 that the recommendations had not been addressed. The need to ensure all recommendations were followed through in a timely manner was discussed with the team leader. A requirement was made that the identified issues should be addressed as soon as possible without delay.

Review of staff training records confirmed that staff completed fire safety training twice annually. A recommendation was made that staff should complete at least one of the fire safety training sessions specific to the home as both fire safety sessions were completed online.
The most recent fire drill was completed on 7 March 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

Comments received from one resident and one staff member were as follows:

- One resident stated they felt very safe and comfortable in Mantlin Cottage
- I feel every effort is made to ensure safety.

Areas for improvement

Three areas for improvement were identified. These included one requirement in relation to ensuring all fire safety recommendations are actioned accordingly and in good time. Two recommendations were made in relation to the completion of a risk assessment regarding free standing furniture situated throughout the home, and also to ensure staff complete at least one fire safety training session which is site specific to the home.

Number of requirements:	1	**Number of recommendations:**	2

4.4 Is care effective?

Discussion with the team leader established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to follow individual interests including favourite footballs teams, and gardening activities.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The team leader confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of environment, risk assessments, equipment and machinery were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The team leader confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The team leader and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	**Number of recommendations:**	0

4.5 Is care compassionate?

The team leader confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

The team leader and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff were aware of the need to discuss residents confidential information away from other residents in the home. It was however noted that residents daily records were stored on an open shelving area within the office. The storage of information pertaining to individual residents was discussed with the team leader. A recommendation was made that these records should be stored securely.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents are encouraged to tend to the homes a vegetable garden. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents participate in local community events, and are supported to visit family members.

The team leader and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example questionnaires, resident team meeting minutes and activity schedules were all available for residents in easy read and/ or pictorial format.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example regular resident meetings, and annual satisfaction questionnaires were completed by residents.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation are collated into a summary report which is made available for residents, representatives and other interested parties to read. During the inspection completed resident satisfaction surveys were reviewed. The information was to be included in the summary report which was not yet available. This report shall be reviewed during the next inspection.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

Comments received from one resident included:

- "I like it here. Everything is dead on, I have all that I need".

Areas for improvement

One area for improvement was identified in relation to the storage of daily records.

Number of requirements:	0	**Number of recommendations:**	1

4.6 Is the service well led?

The team leader outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and user friendly information displayed throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The Falls Prevention Toolkit was discussed with the team leader and advice given on how to implement this.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. User satisfaction surveys had been completed by residents for 2016. Evidence of these were available in the home. The summary report regarding the findings was not available for inspection. This shall be reviewed during the next inspection.

Discussion with the team leader confirmed that information in regard to current best practice guidelines was made available to staff this included information around human rights and resident advocacy services. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of staff being provided with additional training in governance and leadership. Some staff are currently being supported to complete QCF Level 5 management qualification.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The team leader confirmed that the registered provider was kept informed regarding the day to day running of the home.

The team leader confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the team leader and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The need to consider all resident to resident issues as potential safeguarding issues was discussed with the team leader. The team leader confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The team leader confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The team leader confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

Comments received from staff were as follows:

- "Policies are discussed at staff meetings."

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	**Number of recommendations:**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ian Keys, Team Leader as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 27.(4) (a) **Stated:** First time **To be completed by:** 21 August 2016	The registered provider must ensure all recommendations outlined on the homes fire safety risk assessment are addressed in a timely manner and without delay.
	Response by registered provider detailing the actions taken: these have been completed on 07.10.16
Recommendations	
Recommendation 1 **Ref**: Standard 28.1 **Stated:** First time **To be completed by:** 21 September 2016	The registered provider should ensure risk assessments are completed in relation to all free standing furniture located throughout the home.
	Response by registered provider detailing the actions taken: All freestanding furniture is now secured to the wall and a general risk assessment has been completed and can be found in the health and safety file.
Recommendation 2 **Ref**: Standard 29.4 **Stated:** First time **To be completed by:** 21 November 2016	The registered provider should ensure at least one fire safety training session provided for staff relates specifically to the home.
	Response by registered provider detailing the actions taken: Praxis Health and Safety Officer had a meeting with RQIA on 11.10.16 and was advised that our E-Learning was adequate.
Recommendation 3 **Ref**: Standard 22.6 **Stated:** First time **To be completed by:** 21 August 2016	The registered provider should ensure that residents daily records are stored securely.
	Response by registered provider detailing the actions taken: All daily records are stored in a locked filing cabinet in the team leader office.

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

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