



Unannounced Care Inspection Report 12 January 2021



Mantlin Cottage

Type of Service: Residential Care Home

Address: Mantlin Road, Kesh BT93 1TU

Tel no: 028 6863 1248

Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to nine residents.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group/Challenge Responsible Individual: Mr Greer Wilson	Registered Manager and date registered: Derek Maxwell - 1 April 2005
Person in charge at the time of inspection: Derek Maxwell	Number of registered places: 9
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 8

4.0 Inspection summary

An unannounced inspection took place on 12 January 2021 from 10.15 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Derek Maxwell, manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight residents and five staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 17 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.12 Stated: First time	The registered person shall replace the damaged bed base in the identified bedroom	Met
	Action taken as confirmed during the inspection: Discussion with the manager and an inspection of the environment confirmed that this bed base was replaced.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall make good the damaged bedroom floor and damaged ensuite walls in the identified bedroom	Met
	Action taken as confirmed during the inspection: Discussion with the manager and an inspection of the environment confirmed that the damaged flooring and wall panelling was repaired.	
Area for improvement 3 Ref: Standard 27.3 Stated: First time	The registered person shall improve the lighting in the identified corridor	Met
	Action taken as confirmed during the inspection: Discussion with the manager and an inspection of the environment confirmed that the lighting in the corridor area was improved.	

6.2 Inspection findings

6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the manager further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home.

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID-19 outbreak. Staff were aware of reporting arrangements and who to speak with if they had any concerns.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- “There is enough staff on duty. The team work is good and we all work well together.”
- “The residents are so well looked after here. They are so safe in here. I could easily raise any concerns with the manager.”
- “This is a lovely environment and everyone gets on so well. The residents are happy and content. It's just like a big family and there is safe care provided here. There is enough staff on duty and there is good communication among the staff team.”
- There is great team work and we all work well together. We all support each other and we are really familiar with the needs of the residents.”

We could see that the duty rota accurately reflected the staff working in the home and the manager's hours were recorded. The rota recorded the full names and grades of staff and the person in charge of the home in the absence of the manager was clearly identified.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required. This was checked on a monthly basis by the manager.

6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed with attention to detail. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. We found that residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food; they commented:

Some comments made by residents included:

- "I like it here."
- "I am very happy in here. I feel safe; the staff are very kind to me."

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well. Visiting arrangements were in place on a planned basis.

We observed residents engaged in activities such as, playing board games and watching television.

We observed the serving of lunch in the dining room. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary and were vigilant in supporting those residents at risk of choking. The mealtime was relaxed and unhurried.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a person centred and professional manner.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their

assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining area and storage areas. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with special items of memorabilia. Corridors and fire exits were clear of obstruction.

We observed a leak on a bathroom floor and the panelling in an ensuite bathroom was lightly damaged. This was brought to the attention of the manager and addressed on the day of the inspection. We also noted that a number of cupboards in the residents bathrooms were rusted and unclean. The manager told us that they were aware of this and a number of replacement cupboards were already ordered.

6.2.6 Governance and management arrangements

There is a clear management structure within the home and the manager was available during the inspection process. Discussion with the manager evidenced that they felt well supported in their role. All staff and residents spoken with commented positively about the manager and described him as supportive and approachable. Comments included:

- “Derek is a great manager and very approachable. I am able to easily raise any concerns.”
- “Our manager is very approachable.”
- “Derek is very approachable and calm.”

A system of audits was in place in the home. Examples of such audits reviewed were, the environment, and hand hygiene. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken. Review of these records evidenced that these incidents were appropriately managed and reported.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits for October 2020, November 2020 and December 2020 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, team work, and communication between residents, staff and other key stakeholders. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable and that staff treated them with kindness and compassion. Residents within the home were well presented and attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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