

Unannounced Care Inspection Report 4 January 2017



Mantlin Cottage

Type of service: Residential care home
Address: Mantlin Road, Kesh, BT93 1TU
Tel no: 028 6863 1248
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mantlin Cottage took place on 4 January 2017 from 11:15 to 16:15.

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?

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding, and the home's environment.

Two recommendations were made in regards to ensuring the provision of hand gel at the entrance area of the home and also for the flooring/ skirting in an identified bathroom to be improved upon. One requirement and one recommendation relating to the management of fire safety have been stated for a second time.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders. No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. One recommendation was made in relation to the further development of the quality review report to ensure it reflects the actions taken to address any issues identified.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Derek Maxwell, registered manager, 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 21 July 2016.

2.0 Service details

Registered organisation/registered person: Praxis Care Group / Mr Andrew Mayhew	Registered manager: Derek Maxwell
Person in charge of the home at the time of inspection: Derek Maxwell	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 9

3.0 Methods/processes

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

During the inspection the inspector met with four residents, two care staff, one domestic staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report

- 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
- Relevant policies and procedures

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 July 2016.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 21 July 2016.

Last care inspection statutory requirements		Validation of compliance
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.	Not Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of information in the home confirmed that all the recommendations included in the fire safety risk assessment had not been addressed. This requirement has been stated for a second time in the QIP appended to this report.	
Last care inspection recommendations		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: This registered manager confirmed a risk assessment had been completed for all free standing furniture located in the home. Information provided confirmed this.	

<p>Recommendation 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>The registered provider should ensure at least one fire safety training session provided for staff relates specifically to the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This had not been done. This recommendation has been stated for a second time in the QIP appended to this report.</p>	<p>Not Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2016</p>	<p>The registered provider should ensure that residents daily records are stored securely.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Residents daily care records were stored securely.</p>	

4.3 Is care safe?

The registered manager 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.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

The registered manager confirmed that no new staff had commenced working in the home since the previous inspection. The registered manager confirmed 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 mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager 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. These were viewed during the previous inspection and were found to be satisfactory.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy 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 registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager 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.

The homes policy and procedure on restrictive practice/behaviours which challenge was reviewed during the previous inspection 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 registered manager confirmed there were restrictive practices employed within the home, notably identified keypad systems, and a pressure alarm mat. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Cleaning records were reviewed these showed specific duties were completed on a daily, weekly and monthly basis.

Staff training records confirmed that all staff had received training in Infection Prevention and Control 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, and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. A recommendation was made that hand gels should be made available at the entrance area of the home.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager 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. A recommendation was made that the flooring/ skirting in an identified bathroom should be improved as this was peeling off along the skirting with plaster on the wall falling loose. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible. The registered manager confirmed all free standing furniture had been risk assessed, with actions taken where necessary to reduce risks.

The home had an up to date fire risk assessment in place dated 23 July 2016, it was noted some of the recommendations were still due to be implemented. These had been carried over from the previous fire safety risk assessment completed in 2015. The need to ensure all recommendations are addressed in a timely manner was discussed with the registered manager. The requirement relating to the completion of recommendations has been stated for a second time in the QIP appended to this report.

Review of staff training records confirmed that staff completed fire safety training twice annually. The benefit of ensuring at least one of these sessions relates specifically to the home was discussed with the registered manager. The most recent fire drill was completed on 9 September 2016. Records were retained of staff who participated the registered manager was advised to record instances when residents refuse to participate. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- Training is excellent.

Areas for improvement

Two areas for improvement were identified in relation to the provision of hand gels at the entrance area of the home, and for the flooring/ skirting in an identified bathroom to be improved upon.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Discussion with the registered manager 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. Care needs assessment and risk assessments (e.g. manual handling, behavioural interventions, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example some residents require support from staff on a one to one basis and this is catered for.

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 registered manager 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 care plans and care reviews were completed. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report. For example accident and incidents, complaints, and safeguarding referrals are monitored on a monthly basis.

The registered manager 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 registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with had limited verbal communication, however observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders. Minutes of resident meetings were reviewed during the 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were 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. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 daily activities, the daily menu and information regarding how to make a complaint were all displayed in a central part of the home in pictorial format for residents.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example by ensuring records are stored securely at all times and by ensuring that information about residents care is only shared on a need to know basis. This was evidenced in the care records reviewed.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents appeared comfortable and relaxed in the home, residents were observed interacting positively with staff. One resident confirmed that their views and opinions were taken into account in all matters affecting them.

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.

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 through residents' meetings, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read on a notice board in a central part of the home. A recommendation was made that this should be developed further to reflect the actions taken to address any issues identified.

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 attend a local day centre through the week, and are supported to engage in activities in the local community for example visiting local shows and going to the shops. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example some residents are supported to visit family members on a regular basis.

Although some of the residents spoken with had very limited verbal communication skills they indicated positive responses when asked if they were happy in the home. Residents were observed to be comfortable, relaxed, and interacted readily with staff.

Staff spoken with during the inspection made the following comments:

- "If I had a relative with a disability I would be happy from them to be here, it is a good home".

Five completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments included in a returned completed questionnaire included:

- Each service user is treated as an individual, in a very caring, professional and informative manner”.

Comments received from one resident were as follows:

- “I like it here”.

Areas for improvement

One area for improvement was identified in relation to the further development of the quality review report to ensure it reflects the actions taken to address any issues identified.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) 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 poster displayed in a central part of the home. Information relating to the patient client council, and deprivation of liberty safeguarding information was also available in easy read versions. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Staff had also completed training in relation to the handling of 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. No new complaints had been made since the previous inspection.

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. A review of accidents and incidents was undertaken on a monthly basis.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example staff have completed training relating to confidentiality, record keeping, epilepsy and positive behaviour support.

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular updates.

The registered manager confirmed that the management and control of operations within the home was 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 records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager 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.

Five completed questionnaires were returned to RQIA from residents, representatives, and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the 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 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 care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises 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 to be 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: Second time To be completed by: 4 March 2017	<p>The registered provider must ensure all recommendations outlined on the homes fire safety risk assessment are addressed in a timely manner and without delay.</p> <p>Response by registered provider detailing the actions taken: All recommendations outlined on the homes fire safety risk assessment apart from the fire training which we are currently discussing with our Health and Safety Officer, the training department and the governance department at Praxis Car.</p>
Recommendations	
Recommendation 1 Ref: Standard 35 Stated: First time To be completed by: 4 February 2017	<p>The registered provider should ensure hand gel is positioned at the entrance area of the home in keeping with infection prevention and control good practice.</p> <p>Response by registered provider detailing the actions taken: Hand Gel is now placed at the front door.</p>
Recommendation 2 Ref: Standard 27.8 Stated: First time To be completed by: 4 April 2017	<p>The registered provider should ensure the flooring/ skirting in an identified bathroom is improved upon.</p> <p>Response by registered provider detailing the actions taken: Flooring and Skirting in identified bathroom have been improved and painted on 13.02.17.</p>
Recommendation 3 Ref: Standard 1.7 Stated: First time To be completed by: 4 April 2017	<p>The registered provider should further develop the quality review report to ensure it reflects the actions taken to address any issues identified.</p> <p>Response by registered provider detailing the actions taken: We are currently working on this years quality review report and will ensure it reflects all issues raised and actions to address same. This will be completed before the 4th April 2017.</p>
Recommendation 4 Ref: Standard 29.4 Stated: Second time To be completed by: 4 March 2017	<p>The registered provider should ensure at least one fire safety training session provided for staff relates specifically to the home.</p> <p>Response by registered provider detailing the actions taken: We are currently in discussions with Praxis Health and Safety Officer Hugh Maxwell, our Governance Office Brian McCready and Praxis Care training department in an effort to get this addressed.</p>

****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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