



# Unannounced Care Inspection Report 4 April 2019



## Mantlin Cottage

**Type of Service: Residential Care Home**  
**Address: Mantlin Road, Kesh BT93 1TU**  
**Tel no: 02868631248**  
**Inspector: Bronagh Duggan**

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

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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 registered residential care home which provides care for up to nine residents with learning disabilities.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced care inspection took place on 4 April 2019 from 10.15 to 15.45 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to regular review and updating of care records, staff training and supporting residents' individual likes and interests.

Areas requiring improvement were identified in relation to reporting notifiable events and the home environment.

In keeping with their capabilities, residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*2

\*The total number of areas for improvement include one that has been stated for a second time. Details of the Quality Improvement Plan (QIP) 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.

#### **4.2 Action/enforcement taken following the most recent inspection dated 26 February 2019**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 February 2019. No further actions were required to be taken following the most recent inspection on 26 February 2019

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No completed questionnaires were returned within the identified timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas from 1.4.19 to 14.4.19
- staff training schedule/ matrix
- one staff induction record
- two staff competency and capability records
- three residents' records of care
- complaints and compliments records
- accident/incident records from September 2018 to March 2019
- a sample of reports of visits by the registered provider
- minutes of staff meetings
- restrictive practices register
- RQIA registration certificate
- fire safety risk assessment

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 the most recent inspection dated 26 February 2019

The most recent inspection of the home was an unannounced medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 4 September 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.8 <b>Stated:</b> First time	The registered person shall ensure the thorough cleaning of shower chairs is incorporated into the cleaning schedule and the identified shower chair is improved upon.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of cleaning schedule information in the home, and inspection of the shower chairs, found them to be cleaned appropriately. The shower chair which had been identified for improvement had not been addressed. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12.11 <b>Stated:</b> First time	The registered person shall ensure a record is kept of the meals provided in sufficient detail to enable any person inspecting to judge whether the diet for each resident is satisfactory.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of records maintained showed they reflected the meals provided for each resident.</p>	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Staff spoken with advised on the staffing levels for the home; no concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. The registered manager confirmed the rota was subject to regular review to ensure the assessed needs of the residents were met.

One completed induction record was reviewed; discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The registered manager confirmed recruitment records were maintained in the groups head office. Information was available for review in the home that showed relevant pre-employment checks had been completed including for example confirmation of Access NI checks.

Discussion with the registered manager, staff and a review of records maintained in the home confirmed that mandatory training was regularly provided and updated for staff. Staff spoken with confirmed there was regular supervision and appraisals were completed annually.

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. A sample of two staff competency and capability assessments was reviewed and found to be satisfactory.

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

The home's adult safeguarding policy was viewed during a previous inspection and was consistent with the current regional policy and procedures. The necessity to complete an annual safeguarding position report from 1 April 2018 to 31 March 2019 was discussed with the registered manager; this shall be followed up at a future inspection.

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.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices within the home including the use of keypad entry systems and ramble guard. There was a restrictive practice register maintained in the home; this was reviewed on a regular basis. The need to update the record regarding any additional restrictive practices introduced in the home was discussed with the registered manager as was the need to ensure any restrictive practices used are agreed at multi-disciplinary level and recorded accurately in residents' care records.

Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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.

"The Falls Prevention Toolkit" was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the home was undertaken. The residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted from inspection of the environment some of the paintwork was in need of improvement including walls, doors, door frames and radiators. The need to carry out a comprehensive audit of the environment to identify areas requiring improvement was discussed with the registered manager. Findings should be actioned accordingly. This was identified as an area for improvement to comply with the standards.

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.

The home had an up to date fire risk assessment in place dated July 2018. Review of staff training records confirmed that staff completed fire safety training twice annually. Practice fire drills were completed on a regular basis with staff. During the inspection all exits were clear with no obvious risks observed.

Comments received from staff during the inspection included:

- “Staffing levels are good, the manager is very approachable, you don’t have to wait for supervision, you could raise things at any time.”
- “Staffing is usually ok, if stuck people will come in. You find people cover it well. It’s very stable.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, adult safeguarding, infection prevention and control and risk management.

### Areas for improvement

One area was identified for improvement; this related to the completion of an environmental audit including the review of paintwork, wood work, radiators etc. Any areas identified requiring improvement should be actioned accordingly.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	1

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with the registered manager and observations of practice established that staff in the home responded appropriately to and met the assessed needs of the residents.

Review of care records maintained in the home showed residents consent was reflected with regard to holding personal records and allowing relevant professionals to view same. A review of three care records confirmed that they included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls) 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. Staff were aware of the need to continuously update care records regarding any changes. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records reviewed were signed by either residents themselves or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are supported to maintain individual interests like following particular football teams. Activities and outings are planned according to the wishes and interests of residents. Staff advised that residents are encouraged to maintain links with the local community.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Discussion with staff and review of information in the home showed systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual residents' care plans and associated risk assessments. Discussion with staff confirmed they were aware of the specific dietary needs of residents and how to access relevant dietary information.

The registered manager advised that if needed wound care would be managed by district nursing services but that wound care was not currently an issue for residents in the home.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Care records were reviewed monthly or more frequently if required. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report. Annual satisfaction questionnaires were also completed by residents; the findings from the questionnaires were used to inform practice in the home.

The registered manager advised 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, monthly residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection. Minutes of residents meetings were produced in a user friendly format and were displayed on a notice board in a central part of the home.

Observation of practice evidenced that staff were able to communicate effectively with residents, taking into consideration their different communication abilities. Staff confirmed they had a good knowledge of residents' abilities and level of decision making; and through knowing the residents well they could understand how to support residents to ensure their needs were met.

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

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.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussion with staff confirmed the home promoted a culture and ethos that supported the values of dignity and respect for residents.

Discussion and observation of care practice and social interactions demonstrated that residents were comfortable and relaxed in the home. Interactions were observed to be warm and friendly. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home; for example, residents are supported to attend their preferred place of worship if they so wish.

Residents were provided with information, in a format that they could understand, to enable them to make informed decisions regarding life in the home. The daily menu and activities schedule were displayed in a picture format. A user friendly complaints procedure was displayed in a central part of the home and also in each resident's bedroom.

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 supported to maintain individual interests and likes; for example, staff explained how one resident particularly enjoyed horse racing. During the inspection the resident was observed thoroughly enjoying the racing on TV.

Residents' views and opinions were gathered on an ongoing basis. Residents were encouraged and supported to actively participate in the annual reviews of their care; there was also evidence of regular residents meetings and formal questionnaires were completed by residents on an annual basis.

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 arts, crafts, and attending local day centres. Arrangements were in place for residents to maintain links with their friends, families and wider community; for example, residents are supported to visit local shops and cafes, and had a number of day trips planned over the summer.

In keeping with their levels of understanding residents spoken with confirmed they enjoyed living in the home and were supported by staff. For those residents unable to verbally communicate their experiences, observations showed they were comfortable and relaxed in the home environment; no concerns were evident.

Residents and staff spoken with during the inspection made the following comments:

- "I like living here." (resident)
- "I like it, yes, I like my room." (resident)

- “I find it very rewarding, you know the residents on a long term basis. All get on very well. Nice rewarding place to work.” (staff member)
- “I love it; it’s a very homely home. Everybody gets on with the residents. The whole staff get on really well.” (staff member)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager outlined the management arrangements and governance systems in place within the home, and stated that 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 was in place to guide and inform staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. A user friendly complaints procedure was in place; this was displayed in each resident’s bedroom and also in a central part of the home. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints. There had been no new complaints recorded since the previous inspection. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents, incidents and notifiable events showed there were at least two occasions when notifiable events had not been reported to RQIA as required. This issue was discussed with the registered manager. An area for improvement was identified to comply with the regulations.

Discussion with the registered manager confirmed that information with 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

a number of staff were being supported to attend training relating to positive behaviour support coaching.

A review of records completed following visits undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 showed quality assurance mechanisms were in place to gather views and information and identify areas for improvement. Action plans were put in place as a result and addressed as necessary.

Staff spoken with were aware of their roles, responsibility and accountability, and there was a clear organisational structure. This was outlined in the home's Statement of Purpose. The registered manager stated that senior management were kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

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

Comments received from staff during the inspection included:

- “The manager is very approachable, has good rapport with all staff.”

### Areas of good practice

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

### Areas for improvement

One area was identified for improvement in relation to the reporting to RQIA of notifiable events.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> 4 April 2019	The registered person shall ensure notifiable events are reported to RQIA and other relevant bodies as appropriate.  <b>Ref:</b> 6.7
	<b>Response by registered person detailing the actions taken:</b> This was completed on the day of inspection. On contacting the RQIA Web Portal we were advised that some notifiable events had gone into a different folder. Inspector informed of this.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 2 July 2019	The registered person shall ensure an audit is completed regarding the general condition of the environment, including attention given to paintwork, wood work, radiators, etc. Any areas identified requiring improvement should be actioned accordingly.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> We complete a monthly environmental audit. The housing manager from Radius Housing (our landlord) has been informed of the above and a copy of this report will be sent to her.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> Second time  <b>To be completed by:</b> 2 May 2019	The registered person shall ensure the thorough cleaning of shower chairs is incorporated into the cleaning schedule and the identified shower chair is improved upon.  <b>Ref:</b> 6.2
	<b>Response by registered person detailing the actions taken:</b> New shower chairs have been purchased. Cleaning of shower chairs has been added to the cleaning schedule, these are now cleaned on a daily basis.

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

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