

# Unannounced Care Inspection Report 04 July 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](http://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.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with nine beds that provides care for residents living 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:</b> Derek Maxwell
<b>Person in charge at the time of inspection:</b> Derek Maxwell	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 9

### 4.0 Inspection summary

An unannounced care inspection took place on 4 July 2017 from 11.00 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 supervision and appraisal, care records, reviews and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified in relation to the management of head injuries and cleanliness of certain areas of the home.

Residents and their representatives said “I like it here”, “I like to go to work”, “It’s all good and it’s like home from home for them”.

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>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 January 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with eight residents, three staff, one residents' visitor/representative and the registered manager.

A total of 15 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.

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
- Two resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of the environment
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives' / other
- 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.
- Sample of policies and procedures

Areas for improvements 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.

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## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 4 January 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 4 January 2017

Areas for improvement from the last care inspection		Validation of compliance
<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 27(4) (a) <b>Stated:</b> Second time	The registered provider must ensure all recommendations outlined on the homes fire safety risk assessment are addressed in a timely manner and without delay.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager shared with the inspector information available in the home from Praxis health and safety manager regarding the response to recommendations outlined in the homes fire safety risk assessment. This was shared with RQIA estates inspectors who confirmed the recommendations had been addressed by a competent person albeit differently to what was outlined in the fire safety risk assessment.	
<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 35 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the environment confirmed hand gel had been positioned at the entrance area of the home in keeping with good infection prevention and control practice.	

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure the flooring/skirting in an identified bathroom is improved upon.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the environment confirmed that the flooring and skirting in the identified bathroom had been improved.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 1.7</p> <p>Stated: First time</p>	<p>The registered provider should further develop the quality review report to ensure it reflects the actions taken to address any issues identified.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The quality review report completed for 2016-17 was made available to the inspector and found to be satisfactory. There were no issues identified for improvement within the report.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 29.4</p> <p>Stated: Second time</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><b>Action taken as confirmed during the inspection:</b> The registered manager shared with the inspector information available in the home from Praxis health and safety manager regarding fire safety training for staff in the home; this was shared with RQIA estates inspectors who confirmed the response was satisfactory. Following this it was agreed the type of training package being provided for staff should be shared with Northern Ireland Fire and Rescue Service (NIFRS) for confirmation regarding its efficacy.</p>	<b>Met</b>

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

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, one residents' representative and staff.

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

Review of three induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for 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 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. Samples of completed 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 registered manager 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.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. The management of AccessNI information and best practice was discussed with the registered manager.

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 and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and contact information. Staff were knowledgeable and had a good understanding of adult safeguarding principles.

A copy of the regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available in the home. Staff 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 and review of accident and incidents notifications showed two occasions where medical advice had not been sought immediately following residents sustaining a head injury. Records showed medical advice and intervention was sought sometime later. The need to ensure medical advice was sought following a head injury was discussed with the registered manager including when outside of working hours. A procedure should be developed for staff to follow regarding the management of head injuries this was identified as an area for improvement to ensure compliance with the standards

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.

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 registered manager confirmed there were restrictive practices employed within the home, for example, keypad entry system to front door, the kitchen and laundry. Other identified restrictive practices included the use of as required medication and one to one staffing levels. 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.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager 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.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that 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.

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. Although communal areas were satisfactory it was noted that ledges, flooring and skirting's especially in the en suite areas needed a deep clean. The registered manager confirmed there had been unforeseen circumstances regarding domestic cover. This was identified as an area for improvement to comply with standards.

Inspection of the internal and external environment identified that the home and grounds were kept 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated July 2016. Information was available within the home which outlined how the fire safety recommendations had been responded to. This information was shared with RQIA estates inspectors. It was noted from a review of the information available that there were differences of opinion between the fire safety risk assessor and Praxis health and safety manager regarding the most suitable evacuation



strategies to be used. RQIA have advised that both parties should come to an agreement regarding the specific procedures to be used in the home to ensure staff know how to respond in an emergency situation.

Review of staff training records confirmed that staff completed fire safety training twice annually. To ensure good practice the type of training package being provided for staff should be shared with Northern Ireland Fire and Rescue Service (NIFRS) for confirmation regarding its efficacy. The most recent fire drill was completed in January 2017 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.

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

Staff spoken with during the inspection made the following comments:

- "It is one of the better places I would work in, it is pretty good".

Comments received from completed questionnaires were as follows:

- "The care we provide is extremely safe. We do not work below the minimum staffing levels, everyone receives a comprehensive induction and the mandatory training which is provided by our staff development team is of exceptional standard".

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal and risk management.

### Areas for improvement

Two areas for improvement were identified during the inspection in relation to developing a procedure for staff to follow regarding the management of head injuries and to ensure an overall improvement in the cleanliness of the environment especially the en suite areas.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 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 established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that 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) were reviewed and updated on a regular basis or as changes occurred.

The care records 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, residents are supported to go on day trips and visit places of interest.

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

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 and one representative 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 reviewed during the inspection these reflected events and issues of interest discussed with residents.

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

Comments received from completed questionnaires were as follows:

- "We provide person centred assessments which leads to bespoke support plans being constructed to ensure we are effective in supporting the service users in every aspect of their lives".

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, 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.**

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, residents and one representative confirmed that residents' spiritual and cultural needs were met within the home.

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, the menu and activities for the day were displayed in a pictorial format in a central part of the home.

The registered manager, residents and a resident's representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and the representative spoken with confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, resident's representative 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 regular 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 the home.

Discussion with staff, residents, and their representative, 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, visit local shops and follow favourite football teams. Arrangements were in place for residents to maintain links with their friends, families and wider community for example participate in local events, day trips and visit family members.

Staff spoken with during the inspection made the following comments:

- "This is a lovely home, the smaller number (of residents) means you really get to know them."

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

One resident and one resident's representative commented:

- "I like it here. I like to go to work." (local day centre)
- "It's all good, it's like home from home for them, you know (relative) is happy to be here. (Relative) is always happy when coming back after been out. The staff are very helpful, no issues."

Comments received from completed questionnaires were as follows:

- "We always work with the service user at the heart of any discussions. We chair monthly service user council meetings to discuss any issues. Everyone undertakes confidentiality training through our e-learning system".

### Areas of good practice

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.

### 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. 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 was 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 user friendly information displayed around 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. There were no new complaints recorded since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. As stated in section 6.4 an area for improvement was identified in regard to developing a procedure regarding the management of head injuries this should be in keeping with best practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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, epilepsy awareness, confidentiality training and recording skills.

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 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 senior management were kept informed regarding the day to day running of the home through regular visits and 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 would be managed appropriately and that reflective learning would take 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 and 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.

Six completed questionnaires were returned to RQIA from resident's representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “The manager of the unit is very approachable making time for staff and service users alike. Numerous daily/monthly audits take place. Monthly audits completed by assistant director and action plan provided to ensure continuous improvement”.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you

require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered person shall ensure a procedure is in place for staff to follow when a resident sustains a head injury in keeping with best practice.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Procedure is now in place for head injury.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 July 2017</p>	<p>The registered person shall ensure arrangements are put in place so that ledges, flooring and skirting's especially in the en-suite areas are deep cleaned.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Deep clean complete of all mentioned areas.</p>





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