

Unannounced Care Inspection Report 4 September 2018



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

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 a learning disability.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group/Challenge Responsible Individual Andrew Mayhew	Registered Manager: Derek Maxwell
Person in charge at the time of inspection: Derek Maxwell	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 9

4.0 Inspection summary

An unannounced care inspection took place on 4 September 2018 from 10.30 to 16.00.

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 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 staff induction, training, supervision and appraisal, care records, reviews, and communication between residents, staff and other interested parties. Good practice was also evident in the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the cleaning and maintenance of shower chairs and the records maintained in relation to meals provided.

Residents and a representative spoken with said they like living in the home and were positive about staff in the home.

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
Total number of areas for improvement	0	2

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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

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

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules/ information
- Staff competency and capability assessments
- Staff training schedule and training records
- Staff files
- Three residents' care files
- The home's Statement of Purpose and Resident Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care reviews, environment, Infection Prevention and Control (IPC)
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Responses from service user satisfaction survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreements
- 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 July 2018

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

6.2 Review of areas for improvement from the last care inspection dated 3 January 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
Area for improvement 1 Ref: Standard 19.3 Stated: First time	The registered person shall ensure all AccessNI information is managed in line with best practice. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home confirmed AccessNI information was managed in line with best practice.	

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care.

No concerns were raised regarding staffing levels during discussion with residents, one residents' representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training and supervision were reviewed during the inspection. The benefit of implementing a schedule to reflect the completion of staff appraisals was discussed with the registered manager.

Discussion with 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during a previous inspection confirmed that it complied with current legislation and best practice. The registered manager advised 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.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

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

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and contact information. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 advised there had been no recent safeguarding incidents but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

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. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was viewed during a previous inspection and was found to be 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 advised there were restrictive practices within the home, including the use of locked external doors with keypad systems and keypad access to the kitchen. A review of records established that a restrictive practice register was maintained and was reviewed regularly. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. 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. 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 copy of the "Falls Prevention Toolkit" was available for staff to access in the home. Review of accidents/falls were undertaken on a monthly basis as part of the provider visits to the home.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised 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. It was noted the underside of three shower chairs were in need of thorough cleaning. The need for this task to be included within the cleaning schedule for the home was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

In addition, it was noted legs on one of the shower chairs were rusty and presented an infection hazard. This should be improved upon or replaced as an area for improvement. The registered manager confirmed plans were in place to replace the flooring in an identified en-suite bathroom. This shall be followed up at a future inspection.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The home had an up to date Legionella risk assessment in place dated 14 May 2018. The registered manager confirmed any recommendations were being addressed.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. The registered manager was advised to retain a log of visits to the site.

The home had an up to date fire risk assessment in place dated 20 August 2018 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis, the most recent on 27 July 2018. Records retained included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to the cleaning and condition of shower chairs.

	Regulations	Standards
Total number of areas for improvement	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 established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

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, transport, 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

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 may have preferred rising and retiring times, and are encouraged to make choices regarding meals, clothes and outings.

A varied diet was provided to meet the individual needs and preferences of the residents. The need to ensure records of the meals provided for residents are maintained in sufficient detail to judge whether the diet for each residents is satisfactory was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

Systems were in place to record residents' weights. The need to ensure these are continuously maintained was discussed with the registered manager. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care would be managed by community nursing services. Staff advised that they would be able to recognise and respond to pressure area damage observed on resident's skin and that referrals would be made to the multi-professional team regarding any concerns identified in a timely manner. The registered manager confirmed there were currently no residents in receipt of care for pressure area damage 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. These included reports of the visits by the registered provider and the annual quality review report.

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, residents’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by Registered Provider reports, latest RQIA inspection reports, annual quality review report including resident satisfaction questionnaire responses and resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

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 reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection. This related to records of meals provided being maintained in sufficient detail.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised 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.

The registered manager and one representative spoken with advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described

their awareness of promoting residents' rights, independence and dignity and explained how confidentiality was protected.

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 to help with their understanding, which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were written/displayed in a pictorial format. A user friendly complaints procedure was also displayed in each bedroom.

Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents' meetings and visits by the registered provider. Residents spoken with confirmed to the inspector in keeping with their capabilities that they were happy with their life in the home, the support received from staff, food and activities available.

Residents were 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.

Discussion with staff, residents and one 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 are supported to attend local day centres, shops, restaurants as well as participating in in-house events including puzzles, games and tending to the garden. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff, and one resident's visitor/representative spoken with during the inspection made the following comments:

- "The carers are lovely, they will always help and go over and above. The best thing ever was (relative) coming here. You can visit any time and are made to feel so welcome. It's hands on and all heart here, it's their home." (representative)
- "I like living here, I like my room. I like the food. My favourite is cabbage and bacon." (resident)
- "I'm happy to come in to my work, I look forward to coming in, it's like a family." (staff)
- "I think the service is quite good, residents are well looked after." (staff)

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
Total number of areas for improvement	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. Policies were retained electronically in a manner which was 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 Resident Guide and information on display in 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 from residents, their representatives or any other interested party. There were no new complaints recorded since the previous inspection. The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

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

There was a system to ensure 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 for example information was available regarding GDPR. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, epilepsy awareness, recording skills and confidentiality.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

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 Resident Guide. The registered manager stated that senior management were kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were 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. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2018</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This is now complete and added to the current cleaning schedule.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2018</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A separate record book has been devised for records of all residents meals and alternatives.</p>

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



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