



Unannounced Care Inspection Report 17 January 2020



Mantlin Cottage

Type of Service: Residential Care Home

Address: Mantlin Road, Kesh BT93 1TU

Tel no: 028 68 631248

Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 17 January 2020 from 09.30 hours to 14.30 hours.

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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, record keeping, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control and the environment.

Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with staff. They described living in the home in positive terms.

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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Ian Keys, team leader, 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 4 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 13 January 2020 to 2 February 2020
- 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 4 April 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 last care inspection dated 4 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure notifiable events are reported to RQIA and other relevant bodies as appropriate.	Met
	Action taken as confirmed during the inspection: A review of all accidents and incidents recorded since the last inspection evidenced that notifiable events had been reported to RQIA and other relevant bodies as appropriate.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	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.	Met

	<p>Action taken as confirmed during the inspection: Conversation with the team leader and a review of documentation confirmed that an audit had been completed regarding the general condition of the environment, which included attention given to paintwork, wood work, radiators and had been actioned accordingly.</p>	
<p>Area for improvement 2 Ref: Standard 27.8 Stated: Second time</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>Met</p>
	<p>Action taken as confirmed during the inspection: Observation of the environment and conversation with the team leader confirmed that new shower chairs had been purchased and cleaning of shower chairs has been added to the cleaning schedule and cleaned on a daily basis</p>	

6.2 Inspection findings

6.3 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 from 13 January 2020 to 2 February 2020 confirmed that it accurately reflected the staff working within the home. The team leader confirmed the rota was subject to regular review by the manager to ensure the assessed needs of the residents were met. On the day of inspection two residents were cared for on a one-one basis.

The team leader 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 confirmation on the vetting of applicants to ensure they were suitable to work with the residents in the home.

Discussion with the team leader, 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 that 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 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 team leader advised an annual safeguarding position report will be completed for the period 1 April 2019 to 31 March 2020. Staff spoken with during inspection were knowledgeable and had a good understanding of adult safeguarding principles. They were 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 team leader 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.

Staff 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, agreed at multi-disciplinary level and recorded accurately in residents' care records.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Observation of practice and discussion with the team leader established that staff were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, and towels wherever care was delivered. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

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. However it was noted that the fabric covering the base of the bed in an identified bedroom was badly ripped and needs to be replaced. In another bedroom the floor was damaged and the walls in the ensuite shower/toilet were damaged preventing the area from being adequately cleaned. A section of the corridor was found to have poor lighting which could pose a hazard to the health and safety of the residents. These were identified as areas for improvement to comply with the standards.

The home had an up to date fire risk assessment in place and a safety inspection report dated September 2019. 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.

Areas of good practice

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

Areas for improvement

Areas were identified for improvement in relation to infection prevention and control and the home environment.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

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

Discussion with the staff, team leader and observation of practice established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that they included an up to date assessment of needs, risk assessments and care plans. The state of health and well-being of the resident is recorded three times in a 24 hour period. 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. 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 team leader 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 team leader 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 the home.

Observation of practice evidenced that staff were able to communicate effectively with residents, taking into consideration their different communication abilities. It was obvious at inspection that staff 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 team leader 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, communication between residents, staff and other key stakeholders.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 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. 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' 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, cafes, and bus trips are a regular occurrence.

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 confirmed that they were comfortable and relaxed in the home environment.

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

- "It's my nice home." (resident)
- "I have a nice room and nice clothes." (resident)
- "My relative is so well looked after here, so much so that when he comes home he looks forward to coming back." (relative)
- "I couldn't say enough about every member of staff here. Their hearts are in the job. Fantastic people." (relative)
- "We are trained to within an inch of our lives, but sure it's worth it. It really is a good place to work." (staff)
- "The best move I made coming to work here." (staff)
- "Staffing and residents, we are like a family in here. A home away from home." (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, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 team leader outlined the management arrangements and governance systems in place within the home. They 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 centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints. Arrangements were in place to share information about complaints and compliments with staff.

Discussion with the team leader and review of accidents/incidents recorded since the previous care inspection evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example staff had completed training in preparation for the partial implementation of the Mental Capacity Act (NI) 2005.

A review of records completed following visits undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 confirmed that 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. The team leader 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.

The registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The team leader 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.

Areas of good practice

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

Areas for improvement

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

	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 Mr Ian Keys, team leader, 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	
Area for improvement 1 Ref: Standard 27.12 Stated: First time To be completed by: 29 February 2020	The registered person shall replace the damaged bed base in the identified bedroom Ref: 6.3
	Response by registered person detailing the actions taken: New bed base purchased and paid for on 27 th February 2020 this is now in identified bedroom .
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 29 February 2020	The registered person shall make good the damaged bedroom floor and damaged ensuite walls in the identified bedroom Ref: 6.3
	Response by registered person detailing the actions taken: The flooring in the bedroom and bathroom wall panelling was replaced on the 19 th February by Radius housing.
Area for improvement 3 Ref: Standard 27.3 Stated: First time To be completed by: 29 February 2020	The registered person shall improve the lighting in the identified corridor Ref: 6.3
	Response by registered person detailing the actions taken: All 5 wall lights within the identified corridor have been replaced with brighter lighting. This was completed on the 19 th February by Radius housing

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



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