

Inspection Report

18 October 2023



Mantlin Cottage

Type of Service: Residential Care Home
Address: Mantlin Road, Kesh, BT93 1TU
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Praxis Care Responsible Individual: Mrs Alyson Dunn	Registered Manager: Mr Derek Maxwell Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Jakki Collins, team leader	Number of registered places: 9
Categories of care: Residential Care (RC) LD – Learning disability. LD (E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to nine residents. Accommodation is provided in single bedrooms with ensuite facilities. Residents have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 18 October 2023 from 9.50am to 3.30pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The atmosphere in the home was welcoming and relaxed. Residents were observed to be at ease in their environment and in their interactions with staff. Resident bedrooms were personalised with items which were important to them.

Staff were observed to respond promptly to the needs of the residents and were knowledgeable in relation to individual residents.

Five new areas requiring improvement were identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents and staff were consulted during the inspection. Staff spoken with said that Mantlin Cottage was a good place to work. Staff were satisfied with the staffing levels and the training provided. Staff advised that they like coming to work and described how supportive and approachable the Manager is. Staff reported that there was a good staff team in Mantlin Cottage and they all worked well together. Staff spoken with stated that the care provided to residents was important to them and was of a good standard.

Residents spoken with on an individual basis advised that they had good experiences living in the home and they liked the meals provided. Residents stated that "the staff are good and kind."

Residents who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 9 August 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 15.5 Stated: First time	<p>The registered person shall ensure that a recording system is implemented to evidence when residents' savings books are removed and returned to the safe place.</p>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
Area for Improvement 2 Ref: Standard 15.12 Stated: First time	<p>The registered person shall ensure that a robust system is implemented for reconciling residents' monies. The records of the reconciliations should show that the monies held in all residents' savings accounts are included in the reconciliations.</p>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
Area for improvement 3 Ref: Standard 15.2 Stated: First time	<p>The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the savings accounts held for the two residents identified during the inspection.</p> <p>The agreed arrangements from the review should be recorded in the residents' written agreements and care plans. A copy of the outcome of the review should be forwarded to RQIA once available.</p>	Carried forward to the next inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Staff were provided with an induction programme at the commencement of their employment to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff supervision and appraisals were completed.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication with the manager. It was noted that there is currently no domestic staff in place. Currently this role is being attended to, by care staff. This was identified as an area for improvement to ensure that domestic staff are recruited.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents advised that they were satisfied with the care provided and that staff were kind to them.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff demonstrated their knowledge of individual resident's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Residents were well presented in their appearance.

It was noted that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff were observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents praised the meal provision; advised that they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Residents' bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos and sentimental items.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

It was noted in the environment that a number of areas required attention/improvement. These were discussed in detail during the inspection. Staff reported that they were already aware of these areas and these had been reported for attention. This was identified as an area for improvement.

Within resident bedrooms it was observed that wardrobes were not secured to the wall. This was identified as an area for improvement.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 5 April 2023. It was unclear if recommendations made as a result of this assessment had been actioned. This was identified as an area for improvement.

It was observed that a number of new fire doors had been installed in the home. These doors were found to either not fully close or gaps were in place. This was escalated immediately during the inspection to ensure this was addressed and email confirmation was provided following the inspection to confirm this was actioned. This was identified as an area for improvement.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

A number of residents were out at the day centre placement. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection; Mr Derek Maxwell is the registered manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	3	5*

* the total number of areas for improvement includes three areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jakki Collins, team leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2023</p>	<p>The registered person shall ensure that a comprehensive environmental audit is undertaken to identify areas that required attention and repair. Any actions identified as a result of this should be actioned.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Praxis Maintenance man came on the 18.10.23 and ensured that all Fire Doors were adjusted and made safe. Manager completed Environmental Audit in October 2023 and Fire Doors were identified as being the main issue. Kevin Ward Assesst Officer for Radius Housing visited Mantlin cottage on 20th October 2023 and made detailed list of relevant concerns in relation to the Fire Doors. On 23rd October 2023 CTS (Radius Housing) visited and made all doors safe. Ivor Cartwright Radius Housing Fire Officer visited Mantlin Cottage on 14th November 2023 to inspect the doors and confirmed that doors were safe.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2023</p>	<p>The registered person shall ensure that all actions identified within the fire risk assessment are signed off by the manager, when completed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There are three remaining actions to complete: Intumescent strip-Renewup to one hour smoke seal Door 1- Repair minor damage to top of door Wall - Remove old fire extinguisher hook and signage These repairs will be completed by 10/01/2024</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2023</p>	<p>The registered person shall ensure that all fire doors are fully closing and there are no gaps in place.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Maintenance ensured doors were fully closing on the evening of the inspection and the door identified with the considerable gap was made good.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2023</p>	<p>The registered person shall ensure that a recording system is implemented to evidence when residents' savings books are removed and returned to the safe place.</p> <p>Ref: 5.2</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2023</p>	<p>The registered person shall ensure that a robust system is implemented for reconciling residents' monies. The records of the reconciliations should show that the monies held in all residents' savings accounts are included in the reconciliations.</p> <p>Ref: 5.2</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the savings accounts held for the two residents identified during the inspection.</p> <p>The agreed arrangements from the review should be recorded in the residents' written agreements and care plans. A copy of the outcome of the review should be forwarded to RQIA once available.</p> <p>Ref: 5.2</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 25.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2023</p>	<p>The registered person shall ensure that adequate domestic staff are recruited to the home.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: There is a recruitment request is currently being processed.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2023</p>	<p>The registered person shall ensure that wardrobes are secured to the walls.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Wardrobes were secured on the day of the inspection.</p>

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