

# Inspection Report

19 January 2023



## Mantlin Cottage

Type of service: Residential Care Home  
Address: Mantlin Road, Kesh, BT93 1TU  
Telephone number: 028 6863 1248

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Praxis Care  <b>Responsible Individual:</b> Mrs Alyson Dunn	<b>Registered Manager:</b> Mr Derek Maxwell  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mr Derek Maxwell	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD (E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to nine residents. Each resident has their own bedroom and residents also have access to communal areas with secure outside spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 January 2023 from 10.30am to 4pm. The inspection was carried out 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 home was warm and free from malodour and bedrooms were tastefully personalised. We observed that staff were professional and polite as they completed their duties and they told us they were well supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

There were no areas requiring improvement identified during this inspection.

RQIA were assured that the delivery of care and services provided in Mantlin Cottage was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team 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 the returned quality improvement plan, 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

We met with six residents; two relatives and three staff either individually or in small groups.

Residents told us that they were well cared for. Residents spoke positively about the care that they received and about their interactions with staff. Residents stated that they enjoyed the food and there was always a choice of food available. Comments included: "I am content in here, well cared for." "I am well looked after, the food is good and the staff are kind." "I am getting on well in here."

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: "This is a good home; everything is personalised to their own tastes as they deserve the best," and "This is a good staff team, everyone is supportive and helps each other out."

We met with two relatives during the inspection who commended the care delivery in the home. They commented "This is a great place; they (the staff) are so thorough. The staff ensure

everything is communicated well and the residents are so well looked after. The residents are safe in here and the staff are really compassionate.”

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

## 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 16 December 2021		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time	The registered person shall ensure that food thickening agents are stored in a safe and secure manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that food thickening agents were stored securely.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure that care records accurately reflect recommendations from professionals; specifically in relation to modified dietary requirements.	<b>Met</b>
	In addition older contradictory information should be removed from care records and kitchen cupboards.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. There was evidence in place to verify that staff received regular supervision and appraisal. In addition staff received training in a range of topics including moving and handling, fire safety and first aid.

Staff were appropriately registered with their professional body. Newly appointed staff were supported to register with the Northern Ireland Social Care Council (NISCC) within the required timeframe.

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 between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The person in charge told us that the staffing arrangements were reviewed regularly to ensure that any changing needs of the residents were met. It was noted on the day of the inspection that there was enough staff in the home to respond to the needs of the residents in a timely way.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner, for example, staff were observed to attend to residents personal care needs promptly and during the lunchtime meal staff were observed responding quickly to the requests of residents for drinks.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

### 5.2.2 Care Delivery and Record Keeping

The home had a calm and relaxed atmosphere. Positive interactions were observed between residents and the staff.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed 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.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the staff 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.

Staff were seen to socialise with residents throughout the lunchtime meal. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. 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 pre admission to the home. Following admission person centred and detailed care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. 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 commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

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

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean and tidy. We viewed a sample of the bedrooms, bathrooms, lounges and the dining room.

Residents' bedrooms were tastefully personalised and tidy. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

We noted within some of the en suite bathrooms that there were areas which were unclean and in one bathroom the flooring was damaged and stained. This was discussed during the inspection and we were advised that new flooring was already ordered. Email confirmation was provided following the inspection that those identified unclean areas were addressed.

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 aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

#### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents going out on the bus to do some shopping, while others were watching television.

Residents and staff told us that residents can have a lie in or stay up late to watch television and that staff facilitate residents to go out to church, local shops, pubs or other activities in the community.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I am getting on well in here" and "the staff are kind."

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection.

Staff members 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 commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults and the appropriate documentation was in place. Information was displayed and accessible in the home in relation to safeguarding and whistleblowing for staff.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home such as regular audits of accidents and incidents.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of 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. These are available for review by residents, their representatives, the Trust and RQIA.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lisa Boylan, as part of the inspection process and can be found in the main body of the report.





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