



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Mantlin Cottage (1139)**

**Date of Inspection: 20 January 2015**

**Inspector's Name: Bronagh Duggan**

**Inspection ID: IN017320**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Mantlin Cottage (1139)
<b>Address:</b>	Mantlin Road Kesh BT93 1TU
<b>Telephone number:</b>	02868631248
<b>E mail address:</b>	derekmaxwell@praxiscare.org.uk
<b>Registered Organisation/ Registered Provider:</b>	Praxis Care Group / Challenge
<b>Registered Manager:</b>	Mr Derek Maxwell
<b>Person in charge of the home at the time of inspection:</b>	Mr Derek Maxwell
<b>Categories of care:</b>	LD , LD ( E )
<b>Number of registered places:</b>	9
<b>Number of residents accommodated on Day of Inspection:</b>	9
<b>Scale of charges (per week):</b>	£426.00 - £2107.23
<b>Date and type of previous inspection:</b>	29 September 2014 Enforcement monitoring visit
<b>Date and time of inspection:</b>	20 January 2015 1.30pm - 3.45pm
<b>Name of Inspector:</b>	Bronagh Duggan

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an Unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during the primary announced inspection on 22 July 2014 and to ensure compliance with respect to DHSSPS Residential Care Homes Minimum Standards 2011.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Mantlin Cottage residential care home is situated in the Village of Kesh in Co Fermanagh. The home is within walking distance of shops and local amenities.

The residential home is owned and operated by Praxis care group. Derek Maxwell is manager of the home and has been the registered manager for seventeen years.

Accommodation is provided in a single storey building which consists of nine single en suite bedrooms, kitchen, dining area, lounge, bathroom, shower room, toilet facilities, laundry room and an office. A small lounge area is situated to the front of the home. There is also a "sleep over" room for staff.

Outside to the rear of the home is a courtyard and garden area with seating for residents.

There are ample car parking facilities to the side and rear of the home.

The home is registered to provide care for a maximum of 9 persons under the following categories of care:

### Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

## 7.0 Summary of inspection

This secondary unannounced care inspection of Mantlin Cottage was undertaken by Bronagh Duggan on 20 January 2015 between the hours of 1.30 pm – 3.45 pm. Derek Maxwell registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The focus of this inspection was to follow up the requirements and recommendations made as a result of the primary announced inspection on 22 July 2014. There was evidence that the home has addressed the majority of areas as required within the timescales specified. One requirement relating to the Statement of Purpose has been substantially met; however this has been restated to ensure the use of any restraint or restrictive practices in the home are clearly detailed within the homes Statement of Purpose. One requirement relating to recording of fluid intake was not validated. A record was available in the home to show that that fluid intake recordings were no longer required for the identified resident, the requirement has been assessed as being non applicable at this time. The detail of the actions taken by Mr Maxwell, registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents, staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 9.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, and adequately heated throughout. Décor and furnishings were found to be of a satisfactory standard. The registered manager informed the inspector the home would soon be redecorated, this had been agreed with the provider.

One requirement is restated as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

### 8.0 Follow-up on the requirements and recommendations issued as a result of the primary announced inspection on 22 July 2014.

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Regulation 19 (2) Schedule 4 - 22	The registered manager must ensure the visitor's book is maintained in accordance with regulation.	A review of the visitor's book situated at the main entrance to the home evidenced that it was maintained in accordance with regulation.	Compliant
2.	Regulation 12 (1) (a)	The registered manager must ensure referrals are made to the Behaviour Support Service for the two identified residents.	Evidence was available in the home to show that referrals had been made to the Behaviour Support Service for the two identified residents.	Compliant
3.	Regulation 14 (5)	The registered manager must ensure the buzzer alarm systems, release button device, and keypads are reviewed immediately.	The identified buzzer alarm systems, release button device and keypad systems have been reviewed and deactivated within the home. A keypad system remains on the main front and back entrances to the home, this information should be included in the homes statement of purpose.	Compliant
4.	Regulation 13 (8) (a)	The registered manager must ensure the viewing windows and peepholes in situ on bedroom doors are reviewed immediately in respect of resident's privacy and dignity.	The viewing windows and peepholes have been removed from the identified bedroom doors.	Compliant



5.	Regulation 3 (1) (a)	<p>The registered manager must ensure the Statement of Purpose is reviewed and ensure that:</p> <ul style="list-style-type: none"> <li>• Terminology used is the most up to date and in keeping with current best practice;</li> <li>• The current organisational structure is included; and</li> <li>• The circumstances of the use of restraint and any restrictive practices in the home are detailed.</li> </ul>	<p>The homes statement of purpose was reviewed and updated in September 2014.</p> <p>The terminology used has been reviewed and was found to be in keeping with current best practice.</p> <p>The current organisational structure has been included.</p> <p>The use of the keypad systems situated on the main entrances and exit to the building should be included in the homes statement of purpose. For this reason the requirement is restated.</p>	Substantially Compliant
6.	Regulation 27 (4) (a)	The registered manager must ensure the home has an up to date Fire Safety Risk Assessment.	An up to date fire safety risk assessment was in place, this was carried out on 25 July 2014.	Compliant
7.	Regulation 14 (6)	The registered manager must ensure the homes policy and procedure on Management of Behaviours which Challenge is updated to clearly reflect the need to inform RQIA any time restraint is used.	The homes policy and procedure on Management of Behaviours which Challenge has been updated to reflect the need to inform RQIA any time physical restraint is used.	Compliant
8.	Regulation 27 (2) (b)	The registered manager must ensure the radiator and wall covering in the identified “en suite” is replaced or improved.	Improvements have been made regarding the radiator and wall covering in the identified “en suite”.	Compliant

9.	Regulation 13(1)(a)	An exact measurement system should be in place when recording resident's fluid intake.	The registered manager informed the inspector fluid intake records were no longer required for the identified resident. A review of records and discussion with staff confirmed this. Staff are aware of the need to accurately record fluid intake when required.	Not applicable
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30.1	Prior to administering PRN medication to manage behavioural changes staff should consider possible triggers including physical, social, emotional and environmental changes.	The registered manager informed the inspector medicines prescribed for occasional administration to manage behavioural issues have been discontinued for three residents. The use of similarly prescribed medication for a fourth resident is currently under medical review. Staff spoken with identified a range of issues which could have an impact on resident's behaviour and should be considered before administering medication to manage behavioural issues.	Compliant
2	27.3	The identified dismantled chair should be removed from the communal bathroom area.	This has been removed from the communal bathroom area.	Compliant
3	35.7	A hand gel / soap dispenser should be situated at the entrance area to the home to promote good hand hygiene for those entering and leaving the home.	A hand gel dispenser was observed situated at the main entrance to the home.	Compliant
4	17.10	Ensure records kept of complaints detail the result of the investigation and the action taken including whether or not the complainant was satisfied with the outcome.	A review of complaints records in the home showed that the result of the investigation and action taken was recorded. One complaint investigation was ongoing at the time of the inspection.	Compliant

## **9.0 ADDITIONAL AREAS EXAMINED**

### **9.1 Resident's consultation**

The inspector met with nine residents individually and with others in groups. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I'm getting on well, all is good with me no complaints".

"Yes, I like it here, I like drawing".

### **9.2 Relatives/representative consultation**

There were no visiting relatives or representatives to the home on the day of inspection.

### **9.3 Staff consultation**

The inspector spoke with two staff during the inspection. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

### **9.4 Visiting professionals' consultation**

There were no visiting professionals to the home on the day of inspection.

### **9.5 Environment**

The inspector viewed the home accompanied by Mr Maxwell and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, and adequately heated. On the day of the inspection the home was experiencing disruption to the water supply Mr Maxwell informed the inspector this was due to difficulties spread over the local geographical area. Mr Maxwell was advised this was a notifiable event and the information should be shared with RQIA. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Derek Maxwell, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Mantlin Cottage

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Derek Maxwell either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 3 (1) (a)	<p>The registered manager must ensure the Statement of Purpose is reviewed and ensure that:</p> <ul style="list-style-type: none"> <li>• The circumstances of the use of restraint and any restrictive practices in the home are detailed.</li> </ul> <p>Ref section 8.0</p>	Two		31 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Derek Maxwell
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	William McAllister on behalf of Irene Sloan

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	31.3.15
Further information requested from provider			