



The Regulation and  
Quality Improvement  
Authority

## **Enforcement Monitoring (FTC) Unannounced Care Inspection**

**Name of Service and ID:** Mantlin Cottage (1139)  
**Date of Inspection:** 29 September 2014  
**Inspector's Name's:** Bronagh Duggan and Ruth Greer  
**Inspection ID:** IN020678

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## 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 Ian Keys
<b>Categories of care:</b>	RC-LD ,RC-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>	As per commissioning trust rates
<b>Date and type of previous inspection:</b>	22 July 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	29 September 2014 10:00am – 12.30 pm
<b>Name of Inspectors:</b>	Bronagh Duggan and Ruth Greer

## **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.

## **3.0 Purpose of the inspection**

The purpose of this enforcement monitoring 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 person in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Inspection focus

The focus of this inspection was to assess the progress made by the home in moving to compliance with the two notices of Failure to Comply with regulations of The Residential Care Homes Regulations (Northern Ireland) 2005.

- FTC 1 – FTC/RCH/1139/2014-2015/01
- FTC 2 – FTC/RCH/1139/2014-2015/02

The Failure to Comply notices were issued by RQIA on 30 July 2014. The timescale for compliance was 29 September 2014, the date of the inspection.

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 summary provides an overview of RQIA's assessment of the home's progress in moving to compliance with the two notices of failure to comply with regulations of The Residential Care Homes Regulations (Northern Ireland) 2005, which were issued on 30 July 2014. The inspection was undertaken by inspectors Bronagh Duggan and Ruth Greer on 29 September 2014 from 10:00am - 12.30pm.

During the inspection the inspector's reviewed care records and discussed the progress made in relation to responding to the two failure to comply notices which were issued on 30 July 2014. The inspectors also observed residents and staff; interactions were appropriate and residents were treated with respect. Inspectors reviewed changes to the lay out of the home,

The requirements and recommendations made as a result of a previous inspection on 22 July 2014 were not examined on this occasion; these shall be carried forward to a future inspection.

### Inspection Findings

The inspectors reviewed each action required to be completed to comply with regulation as detailed in the failure to comply with regulation notices issued on 30 July 2014. The following records were examined:

- The identified residents updated care plan

- The review report provided by an independently commissioned Consultant Clinical Psychologist regarding the identified residents care needs
- Staff Training Records
- Maintenance Records in the home regarding the deactivation of the key pad system and other electronic devices which were in use in the home
- Other relevant communication records with service providers

The inspectors were satisfied from the information available, and discussion with staff that the restrictive practices identified during the inspection on 20 July 2014 which were limiting the residents movement throughout the home had been addressed satisfactorily. The key pad system which had been positioned on the door leading to the residents care area has been deactivated and removed. The opaque covering on the door leading to the residents care area has also been removed. Some covering remains in the hallway windows which face out onto the main road. This covering remains to ensure the residents' privacy and dignity are maintained.

A number of other restrictive devices including viewing panels, peep holes and buzzer alarms observed on a number of bedroom doors have also been removed. A review of staff training records showed that staff have completed relevant training in relation to understanding behaviours which challenge and human rights.

Evidence available in records viewed by inspectors showed that any practices which may deprive residents of their liberty are reviewed regularly. Records were also available which showed that a full and comprehensive review had been undertaken in relation to the identified residents assessed needs. The residents care plan had been fully updated and reflected input from the multi-disciplinary team. Evidence was available to show that referrals had been made to the relevant specialist services. The suitability of the placement for the resident was also reviewed. It was confirmed that Mantlin Cottage was suitable to meet the residents' needs.

Records available in the home and discussion with the person in charge showed that the resident had been referred for support to the Health Service Executive (HSE) in relation to receiving the services of an independent advocate. However it was noted that the home had been informed that this resource was not currently available from the HSE. Another referral has been made to the residing trust area for the identified resident to receive the services of an independent advocate. Records were available to confirm this.

Further details regarding the inspection findings for these areas are available in the main body of the report.

### **Post Inspection/Conclusion**

The outcome of the inspection was discussed with the Head of Programme for Residential Care Homes and the senior inspector for the residential team on 30 September 2014. The failure to comply notices expired on 29 September 2014, and this inspection found that there was sufficient evidence available to demonstrate compliance with both failure to comply notices.

The inspectors would like to thank Mr Ian Keys the person in charge and staff for their assistance and co-operation throughout the inspection process.

## 8.0 Follow-up on Previous Requirements and Recommendations

The requirements and recommendations from the inspection on 22 July 2014 were not examined on this occasion and will be carried forward to a future inspection.

## 9.0 Inspection Findings

### Failure to Comply Notice 1- FTC/RCH/1139/2014-2015/01

“Regulation 12(1)

12(1) The registered person shall provide care and any other services to residents in accordance with the statements of purpose, and shall ensure that the care, treatment, if necessary, and other services provided to each resident –

- (a) meet his individual need;
- (b) reflect current best practice”

### Findings

The inspectors reviewed each action required to be completed to comply with regulation as detailed in the failure to comply with regulation notice. The following are the inspectors' findings:

- The responsible individual must ensure that the restrictive practices for the identified resident which are depriving the resident of his liberties are immediately reviewed in line with the Department of Health Social Services and Public Safety interim guidance on the Deprivation of Liberty Safeguards.

During the inspection on 20 July 2014 the identified resident was found to be accommodated in a separate, locked part of the home, access to which was controlled by the use of a keypad positioned on an opaque covered door. Inspection of this area of the building on 29 September showed that the key pad had been removed; the opaque covering on the door was also removed. The door to this separate part of the home was open for the duration of the inspection, the resident was observed moving freely through the home. The opaque window covering which was observed on the windows in the hallway which look to the outside of the home remains, the use of this covering has been reviewed with consideration given to the behaviours the resident can display. It was felt the covering should remain to ensure the residents privacy and dignity is maintained.

- The responsible individual must ensure that least restrictive practices are used to manage resident's behaviours that present as challenging. Should restrictive practices be considered evidence to support this course of action must be retained.

Discussion with staff, a review of the identified residents care plan and an inspection of the home environment showed that a number of changes had been made in relation to the use of restrictive practices at Mantlin Cottage. The key pad system and opaque covering had been removed from the internal door leading to the identified residents' area, viewing panels and peep holes on a number of other bedroom doors had been covered over. A buzzer alarm system which was active on bedroom doors in the main part of the home had been disabled. Key pads remain on access doors in and out of the home, these remain in place to ensure residents safety due to lack of danger awareness regarding the main road outside.



- The responsible individual must ensure that any interventions being used to manage challenging behaviours are in keeping with best practice guidance and must be the least restrictive model of care.

Records available in the home and discussion with staff showed that challenging behaviours were being managed in keeping with best practice guidance.

Recommendations were being followed as outlined by an appropriately trained professional. Records showed that staff had recently completed training in relation to Human Rights on 3 September 2014 and Understanding Behaviours which Challenge on 28 August 2014 and 3 September 2014.

- The responsible individual must ensure there are systems and processes in place to ensure that any practices which are depriving residents of their liberty are reviewed at regular intervals.

Review of records available in the home showed that there was ongoing consideration and review of restrictive practices.

**The home is evidenced to have fully complied with the requirements of this failure to comply notice.**

#### **Failure to Comply Notice 2 – FTC/RCH/1139/2014-2015/02**

“Regulation 13.(1) of The Residential Care Homes Regulations (Northern Ireland) 2005

13. (1) The registered person shall ensure that the residential care home is conducted so as—  
(b) to make proper provision for the care and where appropriate, treatment and supervision of residents.”

#### **Findings**

The inspectors reviewed each action required to be completed to comply with regulation as detailed in the failure to comply with regulation notice. The following are the inspectors’ findings:

- The responsible individual must ensure that a full and comprehensive review of this residents assessed needs is undertaken.

Evidence available in the home showed that there had been a comprehensive review of the resident’s needs undertaken, this was completed by 23 September 2014. This review included input from the multi-disciplinary team in relation to best meeting the resident’s needs.

- The responsible individual must ensure that an up to date care plan to manage this residents needs is developed.

The care plan for the identified resident was updated and reflected the care provision necessary to meet the resident’s needs. The care plan reflected input from the multi-disciplinary team, and set out regular review periods to ensure the resident’s needs are being met. The care plan was agreed by the multi-disciplinary team and the resident’s representative. The resident was unable to agree due to level of capacity.

- The responsible individual must ensure that staff adhere to the residents care plan at all times and are ensuring that the resident's human rights are being considered.

Discussion with staff showed they were aware of the content of the residents care plan, staff showed knowledge and understanding in relation to managing the residents' needs to ensure the residents' human rights are upheld. Records available in the home showed that staff had completed human rights based training on 3 September 2014.

- The review must include all relevant members of the multi-disciplinary team.

The review included input from all relevant members of the multidisciplinary team; additional input has been secured in relation to psychology input for the resident. A referral has also been made for specialist behavioural support.

- The review must include input from the HSC trust to ensure the resident has access to the relevant specialist services.

The resident has been referred by their GP for specialist services from the providing trust area.

- The review must include suitability of this resident placement in Mantlin Cottage together with compatibility of this resident with other residents accommodated.

The suitability of the residents placement was included as part of the review, records available in the home dated 9 September 2014 showed that Mantlin Cottage remained a suitable placement. The review also stated that the resident should have free access to and from their care area to the rest of the home.

- The responsible individual must ensure that this resident has access to an independent advocate.

Records available in the home and discussion with the person in charge showed that the resident had been referred for support to the HSE in relation to receiving the service of an independent advocate. Records in the home showed that this resource was not currently available from the HSE but another referral to the trust has been made.

**The home is evidenced to have fully complied with the requirements of this Failure to Comply Notice.**

## **10.0 Quality Improvement Plan**

The findings of this inspection were discussed with Mr Ian Keys as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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**



No requirements or recommendations resulted from the inspection of **Mantlin Cottage** which was undertaken on **29 September 2014** and I agree with the content of the report.

Return this QIP to **care.team@rqia.org.uk**

Please provide any additional comments or observations you may wish to make below:

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

<b>Approved by:</b>	<b>Date</b>
Bronagh Duggan	20.4.15