

Inspection Report

5 March 2024



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

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: Mr Derek Maxwell	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: 7
Brief description of the accommodation/how the service operates: Mantlin Cottage is a residential care home which is registered to provide 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 5 March 2024, from 10.45am to 1.30pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last inspection have been carried forward for review at the next inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Areas for improvement are detailed in the quality improvement plan and include records of the receipt of medicines and medicine storage.

Whilst areas for improvement were identified, RQIA can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with the senior care assistant and registered manager. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 18 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time	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.	Carried forward to the next inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time	<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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time	<p>The registered person shall ensure that all fire doors are fully closing and there are no gaps in place.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022		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> <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>	Carried forward to the next inspection
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> <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>	Carried forward to the next inspection

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.	
Area for improvement 4 Ref: Standard 25.4 Stated: First time	<p>The registered person shall ensure that adequate domestic staff are recruited to the home.</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.	
Area for improvement 5 Ref: Standard 27.5 Stated: First time	<p>The registered person shall ensure that wardrobes are secured to the walls.</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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were largely accurate and up to date. One identified discrepancy was highlighted to the manager during the inspection for review and amendment. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. These medicines were administered infrequently.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they were currently reviewing the ordering process to ensure only medicines which were ordered were supplied. This is necessary to prevent wastage.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. However, the temperature of the medicine storage area was not monitored and recorded. This is necessary to ensure that medicines are stored appropriately according to the manufacturer's instructions. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring.

Records of medicines received into the home were recorded on the medicine administration records. It was identified that the quantity of some medicines recorded as received were inaccurate. Running stock balances in place to monitor the administration of these medicines were therefore also inaccurate. Accurate records of receipt are necessary to facilitate audit and monitor the administration of medicines. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. It was found that although the receipts and administration had been recorded, each receipt entry had not been completed fully and all of the appropriate columns in the record had not been completed. As stated above, an area for improvement in relation to the accurate receipt of medicines was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on the majority of medicines so that they could be easily audited.

The audits completed at the inspection identified the large majority of medicines were administered as prescribed. However, a small number of discrepancies in the administration of medicines not supplied in the monitored dosage system were identified. These discrepancies were discussed with the manager for investigation and review. An incident report detailing the outcome of the investigation and action taken to prevent a recurrence was submitted to RQIA on 6 March 2024.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

There has been no medicine related incidents reported to RQIA since the last medicines management inspection. Advice and guidance was provided to the manager in relation to the reporting of medicine related incidents, including signposting to the RQIA provider guidance document on statutory notification of medication related incidents.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Derek Maxwell, Registered Manager, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 31 October 2023	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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 31 October 2023	The registered person shall ensure that all actions identified within the fire risk assessment are signed off by the manager, when completed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 19 October 2023	The registered person shall ensure that all fire doors are fully closing and there are no gaps in place.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for Improvement 1 Ref: Standard 15.5 Stated: First time To be completed by: 1 September 2023	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.
	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. Ref: 5.1

Area for Improvement 2 Ref: Standard 15.12 Stated: First time To be completed by: 1 September 2023	<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>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>Ref: 5.1</p>
Area for improvement 3 Ref: Standard 15.2 Stated: First time To be completed by: 30 September 2023	<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>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>Ref: 5.1</p>
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<p>Area for improvement 6</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (5 March 2024)</p>	<p>The registered person shall ensure the temperature of the medicines storage area is monitored to ensure medicines are stored according to the manufacturer's instructions.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A temperature recording system is in place from the day of inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (5 March 2024)</p>	<p>The registered person shall ensure fully complete and accurate records of the receipt of medicines, including controlled drugs, are maintained.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff now record Pharmacy details of where the controlled medication is dispensed from in the correct column in the CD book. All records of incoming medication are recorded with particular attention being paid to boxed medication. The date of opening is recorded on the boxes and a daily check is carried out on these this will form part of the auditing process during the Managers Monthly Audit.</p>

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