

# Inspection Report

9 April 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

<b>Organisation/Registered Provider:</b> Praxis Care	<b>Registered Manager:</b> Mr Derek Maxwell
<b>Responsible Individual:</b> Mr Greer Wilson	<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> 8
<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> 7
<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 8 residents. All accommodation is provided on ground floor level. Residents are accommodated in single bedrooms with ensuite facilities and they have access to communal and dining areas.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 April 2024 from 10.00am 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 home was found to be warm and comfortable and residents were observed to be relaxed within their environment.

Compassionate interactions were observed between the staff and the residents. Staff were found to be knowledgeable of the residents' needs and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One new area requiring improvement was identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the area for improvement will further enhance the quality of care and services in the home.

### **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 previous areas for improvement issued, 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 stated that they were happy with the care provided to them in Mantlin Cottage. They described the staff as "good" and confirmed that they were well looked after. The residents praised the food provision and confirmed that there was always a choice available. Residents were able to move around freely with support readily available from staff.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support. Staff were found to be dignified and respectful in their approach towards to residents. Staff stated that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' preferences and they were able to provide support and reassurance to residents, when required. Staff commented that the manager was very approachable and supportive to them.

One questionnaire was returned from a resident following the inspection. Positive comments were made in relation to the care provided to them in the home.

## 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 18 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 (2) (b) <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	The registered person shall ensure that all actions identified within the fire risk assessment are signed off by the manager, when completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered person shall ensure that all fire doors are fully closing and there are no gaps in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 15.5 <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 15.12 <b>Stated:</b> First time	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	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 15.2 <b>Stated:</b> First time	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  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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 25.4 <b>Stated:</b> First time	The registered person shall ensure that adequate domestic staff are recruited to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 27.5 <b>Stated:</b> First time	The registered person shall ensure that wardrobes are secured to the walls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (5 March 2024)	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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure fully complete and accurate records of the receipt of medicines, including controlled drugs, are maintained.  Ref: 5.2.3	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 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.

Review of the staff duty rota confirmed that it accurately reflected the staff working in the home on a daily basis. The manager's hours were recorded. Staff said there was enough staff on duty to meet the needs of the residents and that this would be adjusted accordingly. Staff reported that there was good team work and that they felt well supported in their role.

There were systems in place to ensure staff were trained and supported to do their job. Staff completed a range of mandatory training as well as service specific training. 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 appraisals and supervision were completed.

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

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

Residents spoken with said that the staff were good to them and did not express any concerns in seeking support from staff reporting: "It's great in here."

### **5.2.2 Care Delivery and Record Keeping**

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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 reported that there was good communication across the team and that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Staff were observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed. The dining room was comfortable and calm. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Observations confirmed that staff complied with speech and language therapy (SALT) 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.

Daily menus were displayed for residents.

There was evidence that residents' weights were checked. However, this was not consistently undertaken on a monthly basis for all residents. This was identified as an area for improvement.

Initial assessments were completed on admission and 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 person centred, 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.

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

Resident bedrooms were personalised and contained items which were important to them. It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time. There was a warm and welcoming atmosphere in the home.

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 2 November 2024 and a number of recommendations were made as a result of this assessment. Discussion with the manager identified that these actions had all been completed, but were not appropriately signed off. Email confirmation was provided following this inspection to confirm that this had been actioned.

It was noted that recent redecoration had taken place in the home which had benefited the overall environment.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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

The atmosphere was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

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



Some of the residents were out at the local day centre. However, those residents who remained in the home were able to choose how to spend their time. One resident was supported to go on a bus outing while others were able to watch television or engage with staff.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Derek Maxwell has been the manager in this 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. Records confirmed that staff meetings were held regularly.

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.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records and hand hygiene audits.

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.

### 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) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Derek Maxwell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> First time  <b>To be completed by:</b> 1 September 2023	<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: 5.1</p> <hr/> <p><b>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.</b></p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 15.12  <b>Stated:</b> First time  <b>To be completed by:</b> 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>Ref: 5.1</p> <hr/> <p><b>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.</b></p>
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 15.2  <b>Stated:</b> First time  <b>To be completed by:</b> 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>Ref: 5.1</p> <hr/> <p><b>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.</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 5.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (9 April 2024)</p>	<p>The registered person shall ensure that residents weights are checked on a monthly basis.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Manager has in place a monthly check list for this and will audit monthly..</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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