



# Unannounced Care Inspection Report 9 October 2018



## Mulhern Close Residential Home

Type of Service: Residential Care Home  
Address: 58 Coolnagard Avenue, Omagh, BT78 1GA  
Tel No: 028 8225 0382  
Inspector: Laura O'Hanlon

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 12 beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Disability Services  <b>Responsible Individual:</b> Louise Smith	<b>Registered Manager:</b> Oonagh Mulholland
<b>Person in charge at the time of inspection:</b> Oonagh Mulholland	<b>Date manager registered:</b> Acting manager
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 12

### 4.0 Inspection summary

An unannounced care inspection took place on 9 October 2018 from 09.30 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training and supervision and the management of incidents. Good practice was also found in relation to communication among the staff team and the staff knowledge of individual residents' needs.

Areas requiring improvement were identified in regards to the duty roster, the need to review the policy on restrictive practice/behaviours which challenge, the environment and one identified care plan.

One resident's representative said that she was very happy with the care provided by the staff, that her relative is very happy in the home, has a good quality of life there and there is good communication between the staff and the family.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Oonagh Mulholland, Manager and Irene Millar, Assistant Director, Inspire, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 March 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, assistant director for the organisation, nine residents, 12 staff of various grades, and one resident's representative.

A total of six questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 30 May 2018**

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified at this inspection.

**6.2 Review of areas for improvement from the last care inspection dated 13 March 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.2 <b>Stated:</b> Second time	The registered person shall ensure that fire doors are checked monthly in accordance with the fire risk assessment.  Ref: section 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the fire safety records confirmed that checks on the fire doors were done monthly.	

**6.3 Inspection findings**

**6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The manager stated that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

One resident's representative raised concerns regarding agency staff working in the home. The manager and the assistant director were aware of this and the relevant persons were informed.

No concerns were raised regarding staffing levels during discussion with one residents' representative and staff.

A review of the duty rota confirmed that it did not accurately reflect the staff working within the home. This was identified as an area for improvement under the standards to ensure that the duty roster is maintained on an up to date basis at all times.

It was noted during the inspection where there was no domestic hours recorded on the duty rota for the following three days. This was discussed with the manager during the inspection who advised that these shifts were still being sourced. Confirmation was provided by email following the inspection that arrangements were in place to ensure the domestic hours were covered as identified.

A register of staff working in the home was available and contained all information as outlined within the legislation.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training and staff supervision were reviewed during the inspection.

Discussion with the manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Two staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Review of two staff recruitment files and discussion with the manager confirmed that an email is received from the organisation's personnel department verifying that AccessNI enhanced disclosures had been completed. The manager further advised that she is able to access an electronic system to validate that all pre-employment checks had been completed. The inspector advised that it is good practice to retain a copy of these pre-employment checks in the staff file.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed. It was noted that this policy did not reflect the Human Rights Act (1998) or the best practice guidance; Deprivation of Liberties Safeguards (DoLS). This was identified as an area for improvement under the standards to ensure this is addressed.

The manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts for wheelchairs during transit, the use of perspex screens on televisions and specific therapeutic approaches for individual residents. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. An issue was raised with the manager in regard to the need for a referral to the behaviour support team for one resident. This is discussed later in the report.

Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the manager and advice was given on the benefits of using this or a similar toolkit, particularly with regard to one identified resident.

A general inspection of the home was undertaken. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling and appropriately heated. Areas identified for improvement within the environment included;

- Address the identified stained curtains throughout the home
- Ensure unoccupied bedrooms are thoroughly cleaned
- Ensure curtains are properly secured to the rails
- Replace/repair the sofa in one sitting room
- Replace/repair a chair in one sitting room

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. One issue was observed in regards to the fire alarm panel. This is discussed later in the report. No malodours were detected in the home.

The home had an up to date Legionella risk assessment in place dated 8 May 2018 and the manager advised that all recommendations were being addressed.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The manager confirmed that safety maintenance records in regards to the Lifting Operations and Lifting Equipment Regulations (LOLER) were up to date.

The home had an up to date fire risk assessment in place dated 12 August 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

During the course of the inspection, concern was raised by the inspector in relation to the fire panel as it was observed to be unlocked and residents were able to access this. Furthermore a review of the fire safety checks stated that the fire alarms were not working. This matter was brought immediately to the attention of the manager and assistant director who advised that measures were put in place and a new fire alarm system was ordered. This information was also shared with the estates inspector at RQIA and a site visit was undertaken to ensure that the appropriate actions have been taken to ensure residents safety. This will be reported under separate cover.

Staff and one residents' representative spoken with during the inspection made the following comments:

- "The staffing levels are stable. We have completed recent training in relation to 'Dignity at work.' (staff)

- “I am very happy with all the care provided by Mulhern staff; this is (resident) home and they have a good quality of life.” (residents’ representative)

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training and supervision, adult safeguarding and infection prevention and control.

**Areas for improvement**

Three areas for improvement were identified during the inspection in relation to the duty roster, the need to review a policy and the environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

Three care records were reviewed. These records included an assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. It was noted where entries were made on the daily notes prior to the time recorded. This was discussed with the manager who agreed to address this matter.

Overall care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred. It was evident from one care record reviewed and discussion with the staff that this resident was experiencing difficulties in regard to mobility, falls and the management of behaviour which challenges. In relation to this resident the care plan was not reflective of their current needs. This was identified as an area for improvement under the regulations to ensure this care plan is reviewed to reflect the residents current care needs. Consideration should also be given to the need for: a referral to occupational therapy services and the behaviour support team, the use of the “Falls Prevention Toolkit” and an updated moving and handling assessment to reflect the management of falls.

The care records reflected the multi-professional input into the residents’ health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the residents’ representatives.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident’s care plans and associated risk assessments.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Staff and one resident’s representative spoken with during the inspection made the following comments:

- “There is good support from the team and we offer each offer time out when things are difficult.” (staff)
- “There is good team work and we all work well together. There is good communication and any information is always passed on.” (staff)
- “The staff are very good at communicating with the family. They are always on the phone.” (resident’s representative)

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

**Areas for improvement**

One area for improvement was identified to ensure that the care plan for one resident is reviewed to reflect their current care needs.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs as identified within the patients' care plan. Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that there were good relationships between residents and staff. Staff were observed chatting and engaging with residents and from conversations held it was apparent that the staff had knowledge of the resident's life experiences and interests.

The manager and one resident's representative advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. One example was where a resident wants to have a play at Christmas time. There were posters displayed throughout the home to obtain a general consensus on this matter.

Other systems of communication included, residents' meetings and the visits by the registered provider. Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One resident was listening to music on their iPad while the staff member sang with them. Other residents were out on the bus and another resident was supported to go swimming.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff explained that the residents go out to local establishments weekly for something to eat.

Residents, staff and one residents’ representative spoken with during the inspection made the following comments:

- “I am happy in here. I get to choose my own meals and I don’t like to go out.” (resident)
- “The home is very good; the residents get lots of choices.” (staff)
- “My relative has progressed well and has a good quality of life. This is their home and they are very happy here.” (residents’ representative)

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home and at residents meetings. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of the accidents, incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff and one resident's representative spoken with during the inspection made the following comments:

- "The home is very good. Any issues are resolved by the team leader. The manager is very approachable." (staff)
- "There is good support provided from the manager and the deputy manager. They are both very approachable. I am confident that any concerns raised would be addressed." (staff)

- “I know the management and they are very approachable. I have full confidence that any issues I raise are addressed.” (resident’s representative)

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Oonagh Mullholland, Manager and Irene Millar, Assistant Director, Inspire, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall:</p> <ul style="list-style-type: none"> <li>• Address the identified stained curtains throughout the home</li> <li>• Ensure unoccupied bedrooms are thoroughly cleaned</li> <li>• Ensure curtains are properly secured to the rails</li> <li>• Replace/repair the sofa in one sitting room</li> <li>• Replace/repair a chair in one sitting room</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. All curtains in the scheme have been dry cleaned and coated in fire retardant.</li> <li>2. Unoccupied bedrooms are thoroughly cleaned on a weekly basis as part of the weekly tasks carried out by the domestic assistant.</li> <li>3. All curtains are secured properly to the rails, any curtains that were damaged have been repaired.</li> <li>4. Chair and sofa in bungalow D have been sourced by Acting Registered Manager, 3 quotes are with the WHSCT for approval of purchase at their next MDT meeting in December.</li> </ol>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 November 2018</p>	<p>The registered person shall ensure that the care plan for one identified resident is reviewed to reflect the residents current care needs. Consideration should also be given to the need for: a referral to occupational therapy services and the behaviour support team, the use of the "Falls Prevention Toolkit" and an updated moving and handling assessment to reflect the management of falls.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>OT assessment referral was requested for the identified resident on 25.09.2018 by Mulhern Close. Consultant Psychiatrist Dr McHugh continues to work closely with Mulhern Close to monitor Identified Resident's mental health needs. New Social Worker was appointed for identified Resident on 12.10.2018 by the WHSCT. Care plan was reviewed by the Acting Registered Manager and Deputy Area Manager in conjunction with Dr McHugh and Fiona Jackson (Social Worker). Dr McHugh visited the scheme on 01.11.2018 to review the mental health of identified resident. Fiona Jackson visited the scheme to introduce herself to identified resident on 30.10.2018, also reviewed current care plan, acting registered manager discussed at length the recent decline in mental health and mobility, and amendments made to care plan and risk assessment. Care review for identified resident occurred on 20.11.2018.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 10 October 2018	The registered person shall ensure that the duty roster accurately reflects the staff on duty in the home.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has ensured that the duty rota accurately reflects the staff on duty in the home, this is checked daily by the registered manager/person in charge.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 30 November 2018	The registered person shall ensure that the policy and procedure on restrictive practice/behaviours which challenge reflects the Human Rights Act (1998) and the best practice guidance; Deprivation of Liberties Safeguards (DoLS).  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Inspire Procedure on Management of Behaviours that Challenge has been updated to reflect the Huma Rights Act (1998) and the best practice guidance and DoLS.

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



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