



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 26 January 2019



Mulhern Close Residential Home

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

www.rqia.org.uk

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 provider 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

Organisation/Registered Provider: Inspire Disability Service Responsible Individual: Louise Anne Smith	Registered Manager: See below
Person in charge at the time of inspection: Damien McSorley, team leader	Date manager registered: Oonagh Patrice Mulholland – acting no application required
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 12

4.0 Inspection summary

An unannounced inspection took place on 26 January 2019 from 10.05 to 14.45.

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 was undertaken following information received by RQIA in relation to adult safeguarding concerns.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- environment

One resident commented:

“I am happy in here.”

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
Total number of areas for improvement	*3	*2

*The total number of areas for improvement includes four areas which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Damien McSorley and Kevin Miley, team leaders, 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 9 October 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 and any written and verbal communication received since the last inspection.

During the inspection the inspectors met with nine residents and nine staff.

As part of the inspection process a sample of records were examined which included:

- Staff duty rota
- Three residents' care files
- Complaints and compliments records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 9 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 9 October 2018

Areas for improvement from the last care inspection		
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) (d) Stated: First time	The registered person shall: <ul style="list-style-type: none"> • 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 	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty roster accurately reflects the staff on duty in the home.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 21.5 Stated: First time	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).	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 9 October 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

6.3.1 Staffing Arrangements

The person in charge advised that the staffing levels for the home were subject to regular review to ensure that the assessed needs of the residents were met. Temporary and agency staff were used in the home in order to maintain the planned staffing levels.

Concern was raised by staff during the inspection in regard to the staffing arrangements in the home. The staff informed the inspectors that there were times when the planned staffing levels were not maintained. In addition, the staff reported that the planned staffing levels at times, were inadequate to meet the needs of the residents in one identified bungalow. This has resulted in staff being called from other areas of the home to assist in this bungalow, thus compromising staffing levels elsewhere.

Observations of care delivery during the inspection confirmed this to be a very busy and active environment where significant staff support was required to ensure resident safety. However on the day of the inspection there were no deficits in care delivery observed. An area of improvement was identified to ensure that a comprehensive review of the staffing levels is undertaken in conjunction with the trust and the staff working in the home.

Some comments made by staff were:

- “There is good team work here but it’s very difficult when the staffing levels are reduced.”
- “We use a lot of agency staff and it’s really important to have consistent staff working with the residents.”
- “I have voiced my concerns about the staffing levels in the home.”

One area for improvement was identified within this area during the inspection to ensure that a comprehensive review of the staffing levels is undertaken.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.2 Activities and Events

Staff demonstrated a detailed knowledge of residents’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and kind. Residents were afforded choice, privacy, dignity and respect.

Review of residents’ care records evidenced that residents were individually assessed for their likes and dislikes in regards to activities. There was evidence that the care plans were regularly reviewed and updated as required. Staff were knowledgeable in regard to individual activity preferences of the residents. The staff on duty at the time of the inspection were observed to use interaction as an opportunity for engagement with residents. There was clear evidence of a relaxed, pleasant and friendly atmosphere between residents and staff.

On the day of the inspection some of the residents were going out to see a pantomime. Observations during the inspection confirmed that careful planning and attention was undertaken by staff to ensure this was a successful outing. One resident stated that they were really looking forward to this pantomime. The staff further advised that the residents had a variety of take away food on the previous evening, again based on their individual choices.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Environment

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.

The home was fresh-smelling, clean and appropriately heated. There were no obvious health and safety risks observed in the internal environment. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A number of new items of furniture were purchased for communal areas since the last inspection.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Care records

Three care records were reviewed during the inspection. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. 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 representative.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.6 Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Staff interactions with residents were prompt, friendly, warm and supportive. Residents appeared comfortable, content and at ease in their environment and interactions with staff.

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Comments made during the inspection were:

- "I am happy in here." (resident)
- "I would recommend this home very much." (staff)

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.7 Governance Arrangements

The certificate of registration issued by RQIA was appropriately displayed in the front foyer in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of the accident, incident 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 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. 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.

Comments made by staff during the inspection included:

- “The management are approachable.”
- “All of my mandatory training is up to date.”

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Damien McSorley and Kevin Miley, team leaders, 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 QIP 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>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall:</p> <ul style="list-style-type: none"> • 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 <p>Ref: 6.2</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 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: 6.2</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 26 February 2019</p>	<p>The registered person shall ensure that a comprehensive review of the staffing levels is undertaken in conjunction with the trust and the staff working in the home.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken: Comprehensive reiview of the staffing levels in Mulhern Close took place on 04.03.2019 with Inspire and the WHSCT. The proposal of providing 1 additional support worker to work during the day has been discussed at length, with the team at Mulhern Close and the Social Work Manager and Service Manager WHSCT. The proposals are now with the WHSCT for consideration for funding approval for the additional staff. WHSCT will liaise with Inspire Management with a follow up meeting when a decision has been reached. Inspire Management will liaise with RQIA and keep them updated.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 10 October 2018	<p>The registered person shall ensure that the duty roster accurately reflects the staff on duty in the home.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 21.5 Stated: First time To be completed by: 30 November 2018	<p>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).</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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