

# Inspection Report

6 and 7 July 2021



## Mulhern Close Residential Home

Type of Service: Residential Care Home  
Address: 58 Coolnagard Avenue,  
Omagh, BT78 1GA  
Tel no: 028 8224 5208

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Inspire Disability Services</p> <p><b>Responsible Individual:</b> Mr Cormac Coyle</p>	<p><b>Registered Manager:</b> Ms Emma Loughlin – not registered</p>
<p><b>Person in charge at the time of inspection:</b> 6 July 2021- Miss Beth Moore Team Leader 10.35am – 3pm Mr Kevin Miley Team Leader 3pm – 5.30pm</p> <p>7 July 2021 – Miss Beth Moore Team Leader and Mr Aaron Kerr Team Leader 9.30am to 12.15pm</p>	<p><b>Number of registered places:</b> 12</p>
<p><b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD (E) – Learning disability – over 65 years.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> Bellflower House – 3 Camellia House – 3 Dahlia House – 4</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This is a registered residential care home which provides care for up to 12 residents. The home is divided into three bungalows; Bellflower, Camelia and Dahlia. Each bungalow accommodates up to four residents with individual bedrooms and en-suites. Residents have access to communal lounges, a dining room and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 6 July 2021, from 10.35am to 5.30pm by a care inspector and on the 7 July 2021 from 9.30am to 12.15pm by a pharmacist inspector.

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

Areas for improvement were identified during the care inspection in relation to management and oversight of recruitment, display of the daily menu and fire safety. One area for improvement has been stated for a second time in relation to infection prevention and control (IPC).

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management.

RQIA were assured that the delivery of care and service provided in Mulhern Close was safe, effective and compassionate and there were appropriate management arrangements within the home.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

## 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 residents and staff were asked for their opinion on the quality of the care and their experience of living and working in this home. 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.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home.

At the end of the inspection the manager was provided with details of the findings.

#### 4.0 What people told us about the service

The inspector spoke with ten residents in small groups and six staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents appeared relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said "management very understanding and helpful."

#### 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 29 October 2020		
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 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and staff practices evidenced that this area for improvement has not been fully met and has been stated for a second time. This is discussed further in section 5.2.3.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement has been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• curtain tie backs</li> <li>• storage of food thickening agents and toiletries including razors and topical creams</li> <li>• storage of knives</li> <li>• electric heaters</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• regular checks of all window restrictors are commenced</li> <li>• window restrictors are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and review of relevant documents evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the home is kept clean and hygienic and decorated to an acceptable standard.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with management evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>With specific reference to ensuring that an Access NI check is received prior to the commencement of employment.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of recruitment records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans are reflective of the needs of the residents, including any recommendations from other professionals.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• SALT recommendations are accurately recorded within care plans</li> <li>• a care plan and risk assessment is implemented for any resident with a known allergy</li> <li>• care plans and risk assessments are signed and dated when implemented, reviewed and/or updated.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the premises and grounds are well maintained both internally and externally.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with management evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p>	<p><b>Met</b></p>

	<ul style="list-style-type: none"> <li>• Care records</li> <li>• IPC</li> <li>• Hand hygiene</li> <li>• Environment</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b>                  Review of a sample of quality governance audits evidenced that this area for improvement has been met.</p>	

**5.2 Inspection findings**

**5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. Review of two employee recruitment files evidenced that not all relevant pre-employment information was available within the home. This was discussed with the manager who advised that these records are held by the human resource department for the company.

We discussed the importance of the manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed. Following the inspection, the manager provided written confirmation regarding the relevant pre-employment checks and whilst we were satisfied that appropriate procedures had been completed an area for improvement was identified.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The manager advised that additional training had been scheduled with ongoing monitoring to ensure full compliance.

Staff confirmed they had completed specialised training to ensure they were aware of the Department of Health’s (DoH) Deprivation of Liberty Safeguards (DoLS) and restrictive practices. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice.

Staff were observed to be prompt in recognising residents’ needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.



It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day, for example, residents who chose to get up later were able to have a lie in.

Staff reported that there was good team work, they felt well supported in their role, were satisfied with the staffing levels and with the level of communication between staff and management.

There were safe systems in place to ensure staff are trained properly and also to ensure that residents' needs were met by the number and skill mix of the staff on duty.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, daily routines, wishes and preferences.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated. However, a daily menu was not displayed within any of the dining rooms. This was discussed with the manager as an area for improvement.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT). The International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was documented throughout residents' care plans.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor deficits were identified and discussed with the team leader and manager. Following the inspection the manager provided written confirmation that all relevant care records were amended.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.



Residents' needs were clearly identified and communicated across the staff team and care was delivered effectively to meet the needs of residents.

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

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, kitchens and communal areas such as lounges and bathrooms. There was evidence that the environment had undergone some refurbishment works since the previous inspection. However, not all areas of the home were maintained with surface damage evident to identified floor coverings, walls and furnishings. This was discussed in detail with the manager who provided written confirmation that internal redecoration was on the home's refurbishment plan to be completed.

A malodour was identified within one of the dining rooms and was discussed with the manager. Following the inspection the manager provided verbal confirmation that this issue had been resolved.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were clean and tidy and residents could choose where to sit or where to take their meals. Staff were observed supporting residents to make these choices.

Corridors and fire exits were clear from clutter and obstruction. However, a fire door was observed propped open on two separate occasions. This was discussed with the manager and an area for improvement was identified.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and completed a health declaration on arrival. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Within the main reception area of the home signage on notice boards was not laminated. This was discussed with the manager who agreed to review all notice boards to ensure that notices can be wiped clean where necessary.

A number of staff practices were not in accordance with IPC guidelines. For example, we observed one staff member wearing a bracelet and two further members of staff wearing nail polish. A further staff member was observed carrying unclean linen without the appropriate PPE and a number of staff were observed wearing long sleeve tops which would inhibit effective hand washing. Incontinence pads were also observed outside of packaging and gloves were identified on top of toilet cisterns in a number of communal bathrooms. The potential risks were discussed in detail with the manager who agreed to have these issues resolved. This area for improvement has been stated for a second time.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

Visiting and care partner arrangements were managed in line with the DoH and IPC guidance. The manager advised that policies regarding visiting and care partners would be updated to reflect the most recent guidelines.

There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

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

Residents' needs were met through a range of individual and group activities such as music, trips to the swimming pool and outdoor walks.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

#### **5.2.5 Medicine Management**

Medicines 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. The records inspected showed that medicines were available for administration when residents required them.

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 were accurate and up to date. In line with best practice, a second member of staff had checked and signed the records when they were written and updated to provide a double check that they were accurate.

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 these records was reviewed. The records were found to have been completed to the required standard. The audits completed at the inspection indicated that the residents had received their medicines as prescribed.

Medicines must be 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 medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

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 are recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs. The controlled drugs record books had been maintained to the required standard.

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 its effect. Directions for use of medicines prescribed on a "when required" basis were clearly recorded on the residents' personal medication records and care plans.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals to manage weight loss. A SALT report and care plan was in place for residents who were prescribed thickening agents for addition to fluids and food. Records of prescribing and administration which included the recommended consistency level were maintained.

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 that they are supported. Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

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 medicines so that they could be easily audited. This is good practice.

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. The audit system in place in this home helps staff to identify medicine related incidents. The medicine related incidents which had recently been reported to RQIA were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

### 5.2.6 Management and Governance Arrangements

Staff 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. Staff said that the manager was approachable and accessible.

There had been a temporary change in the management of the home since the last inspection with Ms Emma Loughlin as the acting manager from May 2021. The manager said they felt well supported by senior management and the organisation.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, IPC and the home's environment with action plans, timeframes and follow up to address any deficits.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

A representative of the responsible individual completed a monthly monitoring visit to consult with residents, their relatives and staff and to examine all areas of the running of the home.

## 6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness. The home was clean and tidy and RQIA were provided with written confirmation from the manager that internal redecoration was on the home's refurbishment plan to be completed.

As a result of this inspection three new areas for improvement were identified. These related to management and oversight of recruitment, display of the daily menu and fire safety. One area for improvement has been stated for a second time in relation to infection prevention and control (IPC).

RQIA were assured that the delivery of care, medicines management and service provided in Mulhern Close was safe, effective and compassionate and there were appropriate management arrangements within the home.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	2

\* The total number of areas for improvement includes one regulation that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Beth Moore, Team Leader and Emma Loughlin, 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 Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the infection control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.  Ref: 5.1 and 5.2.3  <b>Response by registered person detailing the actions taken:</b> The staff wearing nail polish and jewellery have been addressed and whole staff team reminded about good hygiene practices. Unclean linen being transported was addressed with staff right away, new wheelable laundry baskets were ordered and are now in place. Gloves and incontinence products are all stored in each bungalow in a designated cupboard.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that fire doors are not propped open.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> I have addressed this with the staff team and ensured that this is part of daily checks that fire doors are not propped open.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 August 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> I have asked for HR to provide a spreadsheet with relevant information regarding pre-employment checks to be kept on scheme.</p> <p>The registered person shall ensure a daily menu is displayed in an area and format which residents can see and understand.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Menus are now displayed in an easy read format in each bungalow.</p>

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



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