



Unannounced Care Inspection Report 10 September 2019



Mulhern Close Residential Home

Type of Service: Residential Care Home
Address: 58 Coolnagard Avenue, Omagh BT78 1GA
Tel No: 028 8224 5208
Inspector: Laura O'Hanlon

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 12 residents

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Louise Anne Smith	Registered Manager and date registered: Kerri Lowry – 3 August 2015
Person in charge at the time of inspection: Kerri Lowry	Number of registered places: 12
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

An unannounced care inspection took place on 10 September 2019 from 09.25 to 16.00.

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.

Areas for improvement in respect of previous estates inspections have also been reviewed and validated.

Evidence of good practice was found in relation to the provision of activities in the home, care records and the provision of staff training.

Areas requiring improvement were identified in regards to the need for oversight of the recruitment process and the environment. A further area for improvement in relation to the environment was stated for the second time.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	2

Details of the Quality Improvement Plan (QIP) were discussed with Kerri Lowry, registered manager, 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 inspection dated 26 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas
- staff training schedule
- staff competency and capability assessments
- one staff recruitment and induction record
- system for monitoring professional registration
- schedule for staff appraisal and supervision
- three residents' records of care
- complaint records

- accident/incident records
- monthly monitoring reports undertaken by registered provider’s representative
- RQIA registration certificate

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 last care inspection dated 26 January 2019

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. 	Partially met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed the following: <ul style="list-style-type: none"> • The curtains remained stained. • Unoccupied bedrooms remained unclean. • Curtains were secured to the rails. • The sofa in the sitting room was replaced. • The chair in the sitting room was replaced. This area for improvement was partially met and will be stated for the second time.	

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 resident's 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.	Met
	Action taken as confirmed during the inspection: A review of this care record confirmed that the care plan was reviewed. The care plan was reflective of the resident's needs and included all of the above.	
Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff confirmed that the staffing levels were reviewed and increased. There were no concerns raised regarding the staffing arrangements.	
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.	Met
	Action taken as confirmed during the inspection: Review of the duty rota confirmed that it accurately reflected the staff on duty in the home.	
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).	Met

	<p>Action taken as confirmed during the inspection: A review of the policy on restrictive practice/behaviours which challenge confirmed it reflected the Human Rights Act (1998) and the best practice guidance: Deprivation of Liberties Safeguards (DoLS).</p>	
Areas for improvement from the last estates inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time</p>	<p>The registered person shall ensure that the 19 October 2019 facility fire risk assessment action plan requirements/recommendations are implemented.</p> <p>Action taken as confirmed during the inspection: There was an updated fire risk assessment in place dated 21 March 2019. All recommendations were signed by the manager as being implemented.</p>	Met
<p>Area for improvement 2 Ref: Regulation 27 (4) (b), (c) and (d) Stated: First time</p>	<p>The registered person shall ensure that the existing defective fire detection and alarm system is replaced with a new BS5839 Part 1 fully addressable fire alarm system.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that a new fire detection and alarm system was installed.</p>	Met

6.2 Inspection findings

6.3 Is care safe?

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

On arrival to the home we observed residents being supported with their personal care and breakfast by staff. The staff were found to be conversing with the residents in a respectful and friendly manner. The atmosphere in the home was calm as residents were considering their planned activities for the day.

The staff advised that they were informed of any changes in the residents' conditions during the staff handover. The handover also included the allocated duties for the day and the provision of individualised care for specific residents. Discussion with the staff on duty confirmed that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. Staff comments included:

- "The staffing levels are much improved."
- "The staffing levels are okay."

The staff further advised that there is regular use of agency staff; however, the same group of agency staff are utilised in the home on a regular basis. The manager explained that there had been recent recruitment to increase the number of staff and this had been successful.

Review of the duty rota confirmed that it accurately reflected the staff on duty in the home, the manager's hours were recorded and it identified the person in charge in the absence of the manager.

One resident spoken with stated that they felt safe in the home; that they were well cared for and if they wanted anything all they had to do was ask the staff.

We reviewed two staff competency and capability assessments which are completed to provide assurances in the absence of the manager. These were found to be satisfactory and were reviewed annually.

The manager advised that staff recruitment information is retained centrally in the human resources department. The manager reported that human resources provide email confirmation that the appropriate pre-employment checks were completed prior to commencement. The need to ensure that the manager has oversight of this process was discussed and identified as an area for improvement to ensure compliance with the standards.

The manager and staff confirmed that all staff completed an induction programme following commencement of employment and that all care staff were registered with the Northern Ireland Social Care Council (NISCC). The manager further confirmed that they have a system in place to monitor NISCC registrations and this is also discussed during staff supervision.

The manager advised that all staff are mentored through supervision which is completed four to six weekly. A planner was in place for the completion of annual appraisals. The staff stated that they found the manager very approachable and would be able to speak with her if they had a concern at any time.

Review of the record of staff training confirmed that staff had completed the mandatory training. The manager and staff advised that they also complete additional training to support them in their daily roles. An example was where staff had completed training in understating person centred services.

The home had a policy/procedure in place in regards to adult safeguarding. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse. The staff were also able to detail the arrangements in regards to whistleblowing. The manager advised that the home is working closely with the local trust in regards to adult safeguarding matters within the home. Good support was provided to staff by the adult safeguarding champion.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC).

An inspection of the home was undertaken. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be comfortably heated and odour free. However, we did identify a number of issues which required to be addressed. This included: a number of the curtains remained stained; dirt/debris was observed at exit doors in sitting rooms; areas of the paintwork were chipped and cobwebs were observed in resident areas.

In addition we observed a hairdryer in an en-suite bathroom; flooring which was stained from a water leak; and a bath panel which was damaged. These matters were discussed with the manager and immediate actions were taken to address some issues. Within a short period the manager also provided an action plan detailing all the identified issues; the remedial action planned and the associated timeframes. This was identified as an area for improvement to ensure that the home is kept clean and decorated to an acceptable standard.

Walkways throughout the home were kept clear and free from obstruction. The home had a fire safety risk assessment in place dated 21 March 2019 and records showed any actions had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal.

Areas for improvement

The following areas were identified for improvement in relation to the need for oversight of the recruitment process and the home's environment. One area in relation to the environment was stated for the second time.

	Regulations	Standards
Total numb of areas for improvement	1	2

6.4 Is care effective?

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

We could see that the residents were valued and the staff responded to residents in a dignified and supportive manner. The staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

We reviewed three care records and found they contained the relevant information regarding how best to support the residents. Care plans and risk assessments were person centred, reviewed on a regular basis and updated when changes were required. There was evidence within care records of multi professional input into the needs of the residents. Daily entries were recorded within residents' progress notes. This information provided a good account of care and treatment provided in the home.

We saw and staff confirmed that a person centred approach underpinned practice. Staff were able to describe the individual needs and preferences for each resident. For example staff ensured that the residents were well presented in age appropriate clothing before going out for a meal. The staff advised that the residents' choices are at the centre of all care provision.

Care records reflected that residents were weighed upon admission to the home and on a monthly basis thereafter or more frequently depending on the residents' needs. Review of care records showed that speech and language therapist (SALT) guidance was included within the residents' care plans and the staff were knowledgeable in relation to this.

There was good evidence of effective team work. Staff confirmed they were kept up to date with any changes and they said there was good team work within the home. Staff demonstrated good knowledge of residents' care needs. Review of staff meeting minutes showed that the last meeting was held on 16 July 2019; actions were included and staff also advised they were kept up to date regarding any changes during handovers at the beginning of each shift.

We could see that from review of care records along with reports of accidents and incidents that referral to health care professionals was timely and responsive to the needs of the residents.

The manager explained that there was a system of audit in place to monitor and review the quality of care provided in the home. Audits of care plans and accidents and incidents were reviewed. Where there were areas for improvement identified; these were developed into a service improvement plan with timeframes. Further evidence of audit was available within the monthly monitoring reports.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits, communication between residents, staff and other key stakeholders

Areas for improvement

The following areas were identified for improvement in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a pleasant, happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us; they appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Care records reviewed outlined residents preferred activities and daily routines, such as chosen times for getting up and going to bed. Staff said that these were flexible and that resident choice was always a priority.

Staff described how they aim to promote residents' independence, for example, by way of encouragement; to help residents maintain their independence as best as possible.

On the day of the inspection there were a number of activities underway in the home. Some of the residents were in the activity room engaged in flower arranging. There were a number of residents who were actively engaged in this task while others were able to participate if they wished or not. At lunch time some of the residents were going to a local restaurant. The residents were consulted if they wished to participate or not.

Some comments made by staff were:

- "I love working here; there is so much for the residents to do. There is good individualised care and the residents have lots of choices, for example, their meals, activities, when they want to go to bed."

- “The care provided is good. There is good food provided and always plenty of choices for the residents.”
- “The residents are safe in this home and there is good care provided for them.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 staff in the home described the manager as supportive and approachable. The manager described how the focus of care in the home was to support residents as best as possible.

The manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure that staff are equipped to do their jobs.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. We looked at records since the last inspection and could see that they were managed appropriately.

We reviewed the system in place for notifying the next of kin, RQIA and the trusts of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training relevant to the needs of the residents. For example, training records maintained in the home showed that staff had completed training in good records management.

The home was visited by the registered provider’s representative each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports from April to August 2019 and found that these were satisfactory. The reports showed evidence of engagement with the residents and staff to get their views on the care in the home; as well as reviewing complaints and information relating to the accidents and incidents, safeguarding, the environment and a selection of records retained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until their completion.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the 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
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 Kerri Gregg, registered manager, 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	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: Second time To be completed by: 10 October 2019	The registered person shall: <ul style="list-style-type: none"> • Address the identified stained curtains throughout the home. • Ensure unoccupied bedrooms are thoroughly cleaned. Ref: 6.2 Response by registered person detailing the actions taken: All unoccupied bedrooms have been deep cleaned and items removed. Arrangements have been made with WHSCT to remove items belonging to a previous Service User. Curtains have been audited and are in the process of being relined and drycleaned
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 10 September 2019	The registered person shall ensure that the registered manager has oversight of the recruitment process including the pre-employment checks Ref: 6.3 Response by registered person detailing the actions taken: Inspire HR department confirm via email when a new employee is ready to commence in post. This email contains information that access NI checks and two satisfactory references have been received and held in central office. Access NI numbers are held on an internal system which the manager has access to.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 31 October 2019	The registered person shall ensure that the home is kept clean and hygienic and decorated to an acceptable standard. Ref: 6.3 Response by registered person detailing the actions taken: a review of the cleaning schedule for domestic assistants has occurred. Two permanent domestic assistants have been appointed to ensure the cleaning schedule and the cleanliness of the home is maintained.

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



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