

## **Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Mulhern Close Residential Home</b>
<b>Establishment ID No:</b>	<b>11109</b>
<b>Inspection No:</b>	<b>16264</b>
<b>Date of Inspection:</b>	<b>25 March and 01 April 2014</b>
<b>Inspectors Names:</b>	<b>Lynn Long Angela Graham</b>

**The Regulation And Quality Improvement Authority**  
**Hilltop, Tyrone & Fermanagh Hospital, Omagh, Co Tyrone, BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

**General Information**

<b>Name of Home:</b>	Mulhern Close Residential Home
<b>Address:</b>	58 Coolnagard Avenue Omagh BT78 1GA
<b>Telephone Number:</b>	(028) 8225 0382
<b>E mail Address:</b>	houcoolnagard@oaklee.org.uk
<b>Registered Organisation/ Registered Provider:</b>	Oaklee Housing Association Mr Ian Elliott
<b>Registered Manager:</b>	Mr Kevin Miley
<b>Person in Charge of the home at the time of Inspection:</b>	Mr Kevin Miley
<b>Categories of Care:</b>	RC-LD RC-LD(E)
<b>Number of Registered Places:</b>	12
<b>Number of Residents Accommodated on the Days of Inspection:</b>	25 March 2014: 12 01 April 2014: 12
<b>Scale of Charges (per week):</b>	£1,711 - £3,206
<b>Date and type of previous inspection:</b>	02 January 2014 Unannounced Care Inspection
<b>Date and time of inspection:</b>	25 March 2014: 09.30 hours – 17.30 hours 01 April 2014: 09.20 hours – 14.40 hours
<b>Name of Inspectors:</b>	Lynn Long Angela Graham

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## **Inspection Focus**

This announced care inspection was undertaken to Mulhern Close Residential Home as issues in relation to staffing levels, competency and capability of staff employed and staff training had been identified. The inspection sought to focus on these areas of concern and establish the home's level of compliance with the DHSSPS Residential Care Homes Minimum Standards (2008) in relation to these areas. The inspection also sought to assess progress in relation to issues raised during the previous inspection.

## **Profile of Service**

Mulhern Close Residential Home is a newly built one storey facility which provides residential care for up to 12 persons in single bedroom accommodation. The home is a series of four purpose built bungalows interlinked by a walkway.

The home is registered to provide care under the following categories:

RC - LD      Learning Disability

RC - LD (E)   Learning Disability - over 65 years

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed and was appropriately displayed in the reception area of the home.

## Summary of Inspection

This is a summary of an announced care inspection of Mulhern Close Residential Home, 58 Coolnagard Avenue, Omagh, BT78 1GA. The inspection was undertaken on 25 March 2014 from 09.30 hours to 17.30 hours by Lynn Long and Angela Graham and on 01 April 2014 from 09.20 hours to 14.40 hours by Angela Graham and reports the position in the home at the time of the inspection.

The previous inspection undertaken on 02 January 2014 attracted two requirements and one recommendation. The outcomes of the action taken can be viewed, in detail, in the section following this summary.

On the 25 March 2014 the inspectors were greeted by Mr K Miley, Registered Manager who was readily available for discussion and clarification during the inspection. Verbal feedback of the issues identified during the inspection was given to Mr W Morrow, Director (Acting), Mr K Miley, Registered Manager and Ms K Gregg, Deputy Manager, at the conclusion of the inspection. On the 01 April 2014 the inspector was greeted by Mr K Miley, Registered Manager who was readily available for discussion and clarification during the inspection. Verbal feedback of the issues identified during the inspection was given to Mr K Miley, Registered Manager and Ms K Gregg, Deputy Manager, at the conclusion of the inspection.

During the course of the inspection the inspectors met with all the residents residing in the home and eleven staff including the registered manager. The inspectors also examined a selection of records and carried out a general inspection of the home's environment as part of the inspection process.

## Detail of Inspection Process

### Staffing

The inspectors undertook a review of staffing in the home. It included a review of a sample of staff duty rosters and discussion with various grades of staff both permanent and temporary staff. A number of issues in relation to staffing were identified. A requirement has been made to address the staffing issues.

### Competency and Capability Assessments

Discussion with the registered manager identified that competency and capability assessments were not in place for staff that were left in charge of the home in the absence of the registered manager. A requirement has been made to address this shortfall.

### Staff Training

Review of staff training records and discussion with the registered manager and deputy manager identified that a number of staff required updating/training in basic food hygiene, control of substances hazardous to health (COSHH) and infection prevention and control.

A requirement has been made to address these areas of training.

A requirement which had previously been made regarding the provision of training for staff in the use and purpose of multi-sensory equipment had not been addressed and will be stated for the second time in this report.

## **Accident/Incident Records**

One of the inspectors reviewed a number of accident/incidents records. The detail recorded in these records was of a good standard. Discussion with the registered manager and deputy manager identified that accident/incident records were not audited to identify any trends or patterns. A requirement has been made that the registered person must ensure that all accidents/incidents which occur in the residential care home are audited in order to identify any trends or patterns and take appropriate action to minimise recurrence.

## **Resident's Dependency Level**

During a tour of the home the inspectors observed a resident who required one to one support from care staff to address their assessed needs. Discussion took place with the registered manager and deputy manager in regard to the complex needs of this resident and how these needs were being managed. It is required that the registered manager requests an urgent review of this residents needs through the trust care manager and relevant multidisciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.

## **Visits by the Registered Provider (Regulation 29)**

The inspector reviewed a sample of the reports of the monthly visits. The most recent visit took place on 24 March 2014 and a written report was available in the home. A recommendation is made that a greater number of staff be interviewed to obtain staff opinions as to the standard of care provided in the home. Consideration should also be given to innovative ways on how to obtain relatives and visitors views as to the standard of care provided in the home.

## **Activities Records**

One of the inspectors reviewed a sample of activities records. The review identified that on a number of occasions the name of the resident participating in the activity and the name of the person leading the activity was not recorded. A recommendation has been made to keep a record of all activities that take place, the person leading the activity and the names of the residents who participate.

## **Staff Comments**

During the inspection the inspectors met with eleven staff including the registered manager.

The following were examples of staff comments during inspection:

"I had a five day induction prior to starting to work in the home".

"I can see genuine care from staff".

"I had supervision a week ago".

As discussed previously staff raised concerns in relation to staffing levels which included the task orientated focus of the team leader. This was brought to the attention of the registered manager and the deputy manager during inspection feedback and a requirement in relation to staffing has been made.

## **Residents' Views**

The inspectors met with all the residents residing in the home. A recommendation made previously regarding the introduction of formal independent advocacy arrangements for the residents had not been fully addressed and has been stated for the second time in this report.

## **Conclusion**

On the days of the inspection, staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents. All residents were well groomed and appropriately dressed and appeared comfortable in their surroundings.

There are five requirements, one restated requirement, two recommendations and one restated recommendation made as a result of this inspection. Details can be found in the main body of the report and in the Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, the director (acting), registered manager, deputy manager and staff for their assistance and co-operation throughout the inspection process.



## Follow-Up on Previous Issues

### Unannounced Inspection - 02 January 2014

No	Regulation Ref	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16 (1)	The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.	The returned quality improvement plan and discussion with the registered manager confirmed that this requirement had been addressed.	<b>Compliant</b>
2	14 (2)(c)	The registered person must appropriately liaise and report to the respective Trust any concerning behaviours displayed by a resident and seek guidance on the approach, response and management of the resident should this behaviour reoccur.	The returned quality improvement plan and discussion with the registered manager confirmed that this requirement had been addressed. The deputy manager confirmed during discussion that a number of residents had been referred to appropriate professionals within the respective Trust following the previous inspection.	<b>Compliant</b>

**Unannounced Inspection - 02 January 2014**

<b>No</b>	<b>Minimum Standard Ref</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1	1.3	It is recommended that the identified resident's door is left unlocked in accordance with the wishes of the resident and/or their representative.	The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed. On the days of inspection the identified bedroom door was unlocked.	<b>Compliant</b>

**Announced Inspection – 05 and 08 July 2013**

No	Regulation Ref	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1)(c)(i)	<p>It is required that staff as appropriate are trained/updated in the following areas:</p> <ul style="list-style-type: none"> <li>• Diabetes awareness</li> <li>• The use of thickening agents</li> <li>• The use and purpose of multi-sensory equipment</li> <li>• Activities for residents with a learning disability</li> <li>• Dysphagia awareness.</li> </ul>	<p>Review of staff training records identified the following:</p> <p>Diabetes awareness training had taken place on 26 November and 04 December 2013.</p> <p>Training on the use of thickening agents had taken place on 19 and 24 July 2013.</p> <p>The deputy manager informed the inspector that training in this area had been scheduled for 08 February and 01 April 2014 however due to unforeseen circumstances this training did not take place. The deputy manager also informed the inspector that this training had been rescheduled for 15 May 2014. Until addressed this element of the requirement will be stated for the second time in this report.</p> <p>Training on activities for residents with a learning disability had taken place on 13 and 18 February 2014.</p> <p>Dysphagia awareness training had taken place on 20 and 28 August 2013.</p>	<p><b>Compliant</b></p> <p><b>Compliant</b></p> <p><b>Moving towards compliance</b></p> <p><b>Compliant</b></p> <p><b>Compliant</b></p>

**Announced Inspection – 05 and 08 July 2013**

No	Minimum Standard Ref	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
7	12.1	It is recommended that the menu be reviewed in line with the Nutritional Guidelines and Menu Checklist for Adults with Learning Disabilities in Residential and Nursing Homes.	The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed. The deputy manager informed the inspector that the menu planner was last reviewed on 03 February 2014. A three week menu planner dated 03 February 2014 was available in the home on the days of inspection.	<b>Compliant</b>
8	6.4	It is recommended that a copy of the care plan is made available to the resident in a language and format suitable for them.	The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed. The inspector reviewed a copy of three residents' care plans produced in a language and format suitable for them.	<b>Compliant</b>
11	1.2	It is recommended residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home. The registered person should consider introducing formal independent advocacy arrangements for the residents in Mulhern Close.	<p>The registered manager informed the inspector that a number of residents attended a Tenant Advisory Group Meeting on 27 November 2013 and 11 March 2014. It was also confirmed during discussion that a residents' meeting was undertaken on 28 March 2014.</p> <p>The registered manager informed the inspector that he is currently liaising with an independent advocacy group to address this recommendation. Until fully addressed this recommendation will be stated for the second time in this report.</p>	<b>Substantially compliant</b>

**Announced Inspection – 05 and 08 July 2013**

<b>No</b>	<b>Minimum Standard Ref</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
14	6.2	The registered manager shall ensure that a record of each resident's daily routine is maintained and available in a format suitable for the resident.	The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed. The registered manager informed the inspector that each resident had a pictorial daily schedule developed in the "Now and Then" format. The inspector reviewed three pictorial daily schedules.	<b>Compliant</b>
16	13.2	It is recommended that the day opportunities provided in the home are further developed to ensure that the activities provided are diverse and varied, engaging, purposeful, enjoyable, age- and culturally appropriate.	The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed. The registered manager informed the inspector that each resident had an activity programme and activity records were maintained. Standard 13, programme of activities and events will be reviewed in detail during the primary inspection to the home.	<b>Compliant</b>

## **1.0 ADDITIONAL AREAS EXAMINED**

### **1.1 Environment**

The atmosphere in the home was friendly and welcoming. The inspectors undertook a tour of the home and viewed a number of residents' bedrooms and communal areas. The areas viewed by the inspectors presented as clean and warm.

A number of communal areas throughout the home require repainting however this issue was raised during the estates inspection to the home undertaken on 24 January 2014.

### **1.2 Staffing**

The inspectors undertook a review of staffing in the home. It included a review of a sample of staff duty rosters and discussion with various grades of staff both permanent and temporary staff. A number of issues in relation to staffing were identified.

A review of a sample of staff duty rosters and discussion with staff identified that one team leader was on duty on the days of inspection. Inspectors observed that the team leader spent the majority of their time in the administration part of the building. This was discussed with the team leader and staff who confirmed that in order to complete their allocated duties a large portion of their shift would be spent either undertaking administration work or administering medications. Staff confirmed that the team leader will offer support and advice and make themselves available if required or requested to do so by means of a pager system. Inspectors were concerned that, as a result of the task focused role of the team leader, the time available to provide supervision and support to both the residents and staff was limited.

Three staff who met with the inspector confirmed that on a number of occasions they were working understaffed. Staff cited various reasons for the staffing issues which included casual sickness, vacant positions and issues with retention of staff.

Following discussion with staff the inspectors were concerned in relation to one staff member's knowledge and understanding of the resident group and their identified needs. Inspectors were not assured in relation to the staff member's competency to fulfil the duties required of their role. This was discussed with Mr W Morrow, Director (Acting), Mr K Miley, Registered Manager and Ms K Gregg, Deputy Manager, at the conclusion of the inspection and must be reviewed as part of the requirement in relation to staffing.

A review of the staff duty rosters identified that only one member of staff was on duty in Bungalow D during the night duty shift. A review of resident care plans identified that one of the residents accommodated in Bungalow D requires a one to one staff to resident ratio and the care plan identified that this package of care is being funded by the Western Health and Social Care Trust. As other residents are also accommodated in this Bungalow, the required one to one staff to resident ratio is not being provided during the night duty shift.

All of the issues identified in relation to staffing were brought to the attention of Mr W Morrow, Director (Acting), Mr K Miley, Registered Manager and Ms K Gregg, Deputy Manager, during inspection feedback. Ms K Gregg, Deputy Manager, confirmed that new staff have recently been appointed after a recruitment exercise and confirmed that the appointment of these staff will go some way to address the issues identified with staffing. As a result of the issues identified in relation to staffing a requirement has been made to ensure that at all times suitably

qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents. The requirement must address the following issues:

- the one to one staff to resident ratio for the identified resident;
- the issue of casual sickness;
- the competency and capability of staff employed;
- the numbers of staff on duty; and
- the task orientated focus of the team leader position.

### **1.3 Staff Training**

Inspection of staff training records identified that staff were provided with a variety of relevant training, including mandatory training since the previous inspection.

Review of staff training records and discussion with the registered manager and deputy manager identified that a number of staff required updating/training in basic food hygiene, control of substances hazardous to health (COSHH) and infection prevention and control. A requirement has been made to address these areas of training.

A requirement which had previously been made regarding the provision of training for staff in the use and purpose of multi-sensory equipment had not been addressed and will be stated for the second time in this report. The deputy manager informed the inspector that training in this area had been scheduled for 08 February and 01 April 2014 however due to unforeseen circumstances this training did not take place. The deputy manager also informed the inspector that this training had been rescheduled for 15 May 2014.

### **1.4 Competency and Capability Assessments**

Discussion with the registered manager identified that competency and capability assessments were not in place for staff that were left in charge of the home in the absence of the registered manager. A requirement has been made to address this shortfall.

The registered manager informed the inspectors that a medicine administration competency and capability assessment was completed for staff who were given the responsibility of administering medicines. One of the inspectors reviewed elements of three staff files. These files contained medicine administration competency and capability assessments.

### **1.5 Accident/Incident Records**

One of the inspectors reviewed a number of accident/incidents records. The detail recorded in these records was of a good standard. On reviewing the records the inspector identified a number of patterns and trends in relation to one resident's accident/incident history. Discussion with the registered manager and deputy manager identified that accident/incident records were not audited to identify any trends or patterns. A requirement has been made that the registered person must ensure that all accidents/incidents which occur in the residential care home are audited in order to identify any trends or patterns and take appropriate action to minimise recurrence.

## **1.6 Care Records**

The inspectors reviewed elements of two care records. The review identified that these records were completed to a satisfactory standard.

## **1.7 Resident's Dependency Level**

During a tour of the home the inspectors observed a resident who required one to one support from care staff to address their assessed needs. One of the inspectors reviewed a number of areas of the resident's care records which identified that this resident had complex needs and should be reassessed.

Discussion also took place with the registered manager and deputy manager in regard to the complex needs of this resident and how these needs were being managed. It is required that the registered manager requests an urgent review of this residents needs through the trust care manager and relevant multidisciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.

## **1.8 Visits by the Registered Provider (Regulation 29)**

One of the inspectors discussed with the deputy manager the procedure for monitoring the quality of services provided by the home. The deputy manager informed the inspector that monthly visits were undertaken on behalf of the responsible person and copies of reports for these visits were available in the home. The deputy manager confirmed that when action was required to be taken this was identified in the report and progress reviewed by the responsible person's representative at the next monthly visit.

The inspector reviewed a sample of the reports of the monthly visits. The most recent visit took place on 24 March 2014 and a written report was available in the home. The review identified that a small number of staff were interviewed during these visits and a number of reports recorded "no visitors or relatives available for interview". A recommendation has been made that a greater number of staff be interviewed to obtain staff opinions as to the standard of care provided in the home. Consideration should also be given to innovative ways on how to obtain relatives and visitors views as to the standard of care provided in the home.

## **1.9 Staff Supervision and Appraisal**

The inspector reviewed supervision arrangements for three staff. The review identified that formal supervision had been undertaken on three occasions within a year. The deputy manager informed the inspector that more frequent recorded supervision would be undertaken for new staff and staff who were not performing satisfactorily.

The inspector met with two care staff who confirmed that they had recently received formal supervision. Discussion with the deputy manager and two care staff confirmed that supervision sessions were planned in advance and dedicated time was set aside for supervision.

The deputy manager and two care staff confirmed during discussion that appraisal meetings with staff were undertaken annually. A review of three staff files evidenced that performance appraisal was undertaken annually.



### **1.10 Activities Records**

One of the inspectors reviewed a sample of activities records. The review identified that on a number of occasions the name of the resident participating in the activity and the name of the person leading the activity was not recorded. A recommendation has been made to keep a record of all activities that take place, the person leading the activity and the names of the residents who participate.

### **1.11 Staff Views**

The inspectors met with eleven staff including the registered manager during the inspection.

Examples of staff comments were as follows:

“I had an appraisal last year”.

“I come on duty at 7.45 am and get a full report”.

“I think the standard of care is very high”.

As discussed previously staff raised concerns in relation to staffing levels which included the task orientated focus of the team leader. This was brought to the attention of the registered manager and the deputy manager during inspection feedback and a requirement in relation to staffing has been made.

### **1.12 Residents' Views**

The inspectors met with all the residents residing in the home. A recommendation made previously regarding the introduction of formal independent advocacy arrangements for the residents had not been fully addressed and has been stated for the second time in this report.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager, Mr K Miley and the Deputy Manager, Ms K Gregg as part of the inspection process.

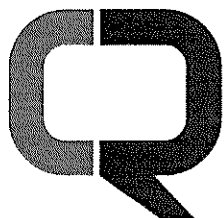
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Angela Graham**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone and Fermanagh Hospital**  
**OMAGH**  
**Co Tyrone**  
**BT79 0NS**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**

**Announced Care Inspection**

**Mulhern Close Residential Home**

**25 March and 01 April 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager, Mr K Miley and the Deputy Manager, Ms K Gregg either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1)(c)(i)	<p>It is required that staff as appropriate are trained/updated in the following areas:</p> <ul style="list-style-type: none"><li>• Infection prevention and control</li><li>• Control of substances hazardous to health (COSHH)</li><li>• Basic food hygiene.</li></ul> <p>Ref: Section 1.3</p>	One	Staff have been renominated on Social Care TV (Online training) and are currently completing these courses online. This will be completed by 31 <sup>st</sup> May 2014 and successful completion will be audited to ensure full compliance.	31 July 2014
2	20 (1)(a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: Section 1.2</p>	One	Niamh supervision and performance management systems are being introduced from April 2014. A review of the content of training and systems to maintaining training records will be completed by 30 <sup>th</sup> June. A structural review has built in more managerial and clerical support to provide more time for supervision, coaching and direct observation of practice. This will ensure the ongoing competence of staff. All staff absence is now managed in accordance with Niamh policies and procedures. A further review of staffing numbers and skill mix will be	30 June 2014

				completed by 30 <sup>th</sup> June to ensure adequate staffing to meet the changing needs of residents. The needs of specific residents have been clarified particularly the need for 1:1 cover overnight.	
3	20 (3)	The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his/her absence.  Ref: Section 1.4	One	The registered manager has introduced an assessment tool for the completion of competency and capability assessments with all team leaders who are given responsibility of being in charge of the home in the absence of the manager. Initial assessments will be completed by the 30 <sup>th</sup> June and competence will continue to be assessed through supervision and the Niamh performance management system.	31 July 2014

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4	14 (2)(c)	<p>The registered person must ensure that all accidents/incidents which occur in the residential care home are audited in order to identify any trends or patterns and take appropriate action to minimise recurrence.</p> <p>Ref: Section 1.5</p>	One	<p>The registered manager and deputy manager will audit incident and accidents on a monthly basis. This will also be audited by an Assistant Director who will report to the Director and Inspire Board. (Implemented from 1<sup>st</sup> April 2014)</p>	31 May 2014
5	13 (1)(a)	<p>It is required that the manager requests an urgent review of an identified residents needs through the trust care manager and relevant multidisciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.</p> <p>Ref: Section 1.7</p>	One	<p>A nursing assessment has been completed by this Resident's care manager and a review in relation to the suitability of the placement took place on 17.4.14. This meeting included staff from Mulhern Close, the Resident's family members, Care Manager and Senior Manager's within WHSCT. The Resident's family are currently viewing other suitable placements and will liaise with WHSCT and Mulhern Close on their chosen placement.</p>	30 April 2014

6	20 (1)(c)(i)	It is required that staff as appropriate are trained/updated in the use and purpose of multi-sensory equipment.  Ref: Section 1.3	Two	Training was delivered on 15 <sup>th</sup> May 2014 within Mulhern Close by the Sensory Occupational Therapist within WHSCT and further training is planned for 11 <sup>th</sup> June 2014	30 June 2014
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### **Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	20.11	The registered manager should ensure that the detail and content of monthly provider reports are improved as detailed in the report.  Ref: Section 1.8	One	Mulhern Close have adopted the Monthly Provider Report from RQIA and are using this template for future monthly monitoring purposes. This will take effect from May 2014.	31 May 2014
2	13.9	It is recommended a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.  Ref: Section 1.10	One	New Record of Activity Sheets have been developed and implemented on 1 <sup>st</sup> May 2014.	30 April 2014
3	1.2	The registered person should consider introducing formal independent advocacy arrangements for the residents in Mulhern Close.	Two	The Manager has consulted with VOCAL and they are unable to provide advocacy services for Mulhern Close at present. Consultations will take place with Mencap, BUZZ, Disability Action and Compass	30 June 2014

				<p>to provide advocates for our Resident's within Mulhern Close.</p> <p>Niamh have made arrangements to have independent advocacy arrangements in place by 30<sup>th</sup> June. This is an interim arrangement until long term arrangements are in place.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Kevin Miley
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	William Morrow

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	✓	Angela Graham	25/06/14
Further information requested from provider			