



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Mulhern Close - 11109
Date of Inspection: 01 and 06 August 2014
Inspectors' Name: Angela Graham and Ruth Greer
Inspection ID: 20341

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

1.0 General information

Name of Home:	Mulhern Close Residential Care Home
Address:	58 Coolnagard Avenue Omagh BT78 1GA
Telephone Number:	(028) 8225 0382
E mail Address:	manager.mulhern@inspirewellbeing.org.uk
Registered Organisation/ Registered Provider:	Inspire Wellbeing Limited Mr W Morrow, Responsible Individual (Acting)
Registered Manager:	Mr Kevin Miley
Person in Charge of the home at the time of Inspection:	Ms Kerri Gregg, Area Manager (Acting)
Categories of Care:	RC-LD RC-LD(E)
Number of Registered Places:	12
Number of Residents Accommodated on the Days of Inspection:	01 August 2014: 11 plus one resident in hospital 06 August 2014: 11 plus one resident in hospital
Scale of Charges (per week):	£1,711 - £3,206
Date and type of previous inspection:	25 March 2014 and 01 April 2014 Announced Care Inspection
Date and time of inspection:	01 August 2014: 12.05pm – 3.50pm 06 August 2014: 10.05am – 4.55pm
Name of Inspectors:	Angela Graham Ruth Greer

2.0 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 a secondary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced 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 (2011)

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

4.0 Methods/Process

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

- Discussion with the responsible individual (acting)
- Discussion with the area manager (acting)
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback.

5.0 Inspection focus

This secondary unannounced care inspection was undertaken to Mulhern Close Residential Care Home to focus on issues in relation to staffing levels, staff training and care practices. The inspection also sought to assess progress with the issues raised during and since the previous inspection.

6.0 Profile of service

Mulhern Close Residential Care Home is situated in Coolnagard, Omagh. Accommodation for residents is provided in single rooms. The home is a series of four purpose built bungalows interlinked by a walkway.

Communal lounges and dining areas are provided in each bungalow. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 12 persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

7.0 Summary of inspection

This secondary unannounced care inspection of Mulhern Close was undertaken by Angela Graham and Ruth Greer on 01 August 2014 between the hours of 12.05pm and 3.50pm and on 06 August 2014 between the hours of 10.05am and 4.55pm. Mr W Morrow, Responsible Individual (Acting) and Ms K Gregg, Area Manager (Acting) was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

This secondary unannounced care inspection was undertaken to Mulhern Close to focus on issues in relation to staffing levels, staff training and care practices. The inspection also sought to assess progress with the issues raised during and since the previous inspection.

During the inspection the inspectors met with residents and staff discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Comments received from staff are included in section 10.2 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

The inspectors observed that a resident's bedroom door was locked. The inspectors discussed this resident's bedroom door being locked with the responsible individual (acting) and area manager (acting). The responsible individual (acting) informed the inspectors that this bedroom door should not have been locked and that this door had been open prior to the inspectors' arrival. The responsible individual (acting) confirmed that a member of staff had locked the door in error. This bedroom door was immediately unlocked by the area manager (acting). A requirement has been made that robust monitoring systems are put in place in regard to the arrangements for the locking of residents' bedroom doors.

Review of staff training records and discussion with the area manager (acting) identified that a number of staff required updating/training in behaviours that challenge including respect and moving and handling. A requirement has been made to address these areas of training. In making this requirement it is imperative that the organisation in control and registered manager ensures at all times staff rostered on duty have the appropriate level of training to meet the residents assessed needs.

One of the inspectors reviewed a record of a resident's blood sugar monitoring. There was no evidence, on a small number of occasions, that the resident's blood sugar had been monitored on a daily basis as directed in the resident's care plan. This issue was discussed with the area manager (acting). The area manager (acting) informed the inspectors that on occasions the resident would refuse to have their blood sugar monitored. A recommendation has been made that blood sugar monitoring be carried out as directed within the resident's care plan. Evidence should be maintained if the resident refuses to have their blood sugar monitored.

One of the inspectors reviewed the infection prevention and control policy dated October 2012. A recommendation has been made that this policy be reviewed and updated to address the arrangements in place for the management of soiled continence products.

One of the inspectors reviewed the social inclusion policy. This policy addressed the principles, values and general aims of social inclusion. A policy on the provision of activities was not available. A recommendation has been made that a policy on the provision of activities be developed.

Discussion with the area manager (acting) identified that an individual programme of activities had been developed for residents. A sample of these programmes were reviewed. The review identified that evidence of a date of review of these programmes was not available. A recommendation has been made that the residents' programme of activities is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.

A requirement which had been made during the previous inspection that a competency and capability assessment be completed with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager had not been addressed and will be stated for the second time.

The area manager (acting) confirmed that a competency and capability template had been developed. However this assessment had not been completed with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager.

One of the inspectors reviewed a sample of the reports of the monthly visits. The review identified that evidence was available of consultation with a relative in one of the four reports of the monthly visits. A recommendation which had been made that consideration should be given to innovative ways on how to obtain relatives and visitors views as to the standard of care provided in the home during the previous inspection had not fully been addressed and will be stated for the second time.

The review of staff duty rosters from 23 June 2014 to 02 August 14 (inclusive) also identified that the registered manager and the area manager (acting) hours were not recorded on the staff duty roster from the 28 July to 02 August 2014. A requirement has been made to address this issue.

Staffing was examined. One requirement, one restated requirement and two recommendations have been made in regard to staffing. Further details can be found in section 10.8 of the main body of the report.

Four requirements, two restated requirements, six recommendations and one restated recommendation were made as a result of the secondary unannounced care inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 25 March and 01 April 2014

NO.	REGULATION REF.	REQUIREMENTS	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"> • Infection prevention and control • Control of substances hazardous to health (COSHH) • Basic food hygiene. 	The returned quality improvement plan and discussion with the area manager (acting) confirmed that this requirement had been addressed. A review of a random sample of staff training records evidenced that this requirement had been addressed.	Compliant
2	20 (1)(a)	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>The responsible individual indicated in his correspondence of 24 July 2014 to RQIA that the staffing requirement was being addressed. However a number of elements of the staffing requirement have not been fully addressed and these will be stated for the second time.</p> <p>Staffing is further discussed under section 10.8 of the report.</p>	Moving towards compliance

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.	The area manager (acting) confirmed that a competency and capability template had been developed. However a competency and capability assessment had not been completed with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager. A copy of the competency and capability template was made available to the inspectors. Until addressed this requirement has been stated for the second time.	Moving towards compliance
4	14 (2)(c)	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.	The returned quality improvement plan and discussion with the area manager (acting) confirmed that this requirement had been addressed.	Compliant
5	13 (1)(a)	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.	The returned quality improvement plan and discussion with the area manager (acting) confirmed that this requirement had been addressed. The area manager (acting) confirmed that a care review had been undertaken on 17 April 2014. The outcome of the care review confirmed that the identified resident requires nursing care. The area manager (acting) informed the inspectors that the resident's representative and the placing trust are currently sourcing nursing accommodation for the resident.	Compliant

6	20 (1)(c)(i)	It is required that staff as appropriate are trained/updated in the use and purpose of multi-sensory equipment.	The returned quality improvement plan and discussion with the registered manager confirmed that this requirement had been addressed. A review of staff training records confirmed training in the use and purpose of multi-sensory equipment had been undertaken in May and June 2014. A review of a random sample of staff training records evidenced that this requirement had been addressed.	Compliant
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20.11	The registered manager should ensure that the detail and content of monthly provider reports are improved as detailed in the report.	One of the inspectors reviewed a sample of the reports of the monthly visits. The review identified that evidence was available of consultation with a relative in one of the four reports of the monthly visits. Until addressed this recommendation has been stated for the second time.	Substantially compliant
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.	The returned quality improvement plan and discussion with the area manager (acting) confirmed that this recommendation had been addressed. A review of a random sample of activity records evidenced that this recommendation had been addressed.	Compliant
3	1.2	The registered person should consider introducing formal independent advocacy arrangements for the residents in Mulhern Close.	The returned quality improvement plan and discussion with the area manager (acting) confirmed that this recommendation had been addressed. The area manager (acting) informed the inspectors that Inspire Wellbeing Limited had put advocacy arrangements in place for the residents residing in Mulhern Close.	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspectors met with all residents residing in the home. Residents were observed relaxing in the communal lounge areas whilst others were out for a walk with staff. No concerns were expressed or indicated.

10.2 Staff consultation

The inspectors spoke with six staff. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

"We took the residents out on a bus trip to the beach."

"I am told in handover of any changes in care."

"I get a copy of the staff minutes if I can't get to the meeting."

"When someone is off sick it can be difficult to get cover."

"Team leaders always come if you need then when you call the emergency alarm."

"There are regular team meetings and I can go to these meetings if I want. An agenda is pinned on the noticeboard and staff can put items on it."

"I feel a lot of the time we could do with another member of staff."

"I feel the care in the home is very good."

10.3 Environment

On the first day of the inspection on arrival to the home the inspectors viewed the home accompanied by area manager (acting). The inspectors inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

The inspectors observed that a resident's bedroom door was locked. The inspectors discussed this resident's bedroom door being locked with the responsible individual (acting) and area manager (acting). The responsible individual (acting) informed the inspectors that this bedroom door should not have been locked and that this door had been open prior to the inspectors' arrival. The responsible individual (acting) confirmed that a member of staff had locked the door in error. This bedroom door was immediately unlocked by the area manager (acting). A requirement has been made that robust monitoring systems are put in place in regard to the arrangements for the locking of residents' bedroom doors.

10.4 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 area manager (acting) identified that a number of staff required updating/training in behaviours that challenge including respect and moving and handling. A requirement has been made to address these areas of training. In

making this requirement it is imperative that the organisation in control and registered manager ensures at all times staff rostered on duty have the appropriate level of training to meet the residents assessed needs.

10.5 Care records

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

One of the inspectors reviewed a record of a resident's blood sugar monitoring. There was no evidence, on a small number of occasions, that the resident's blood sugar had been monitored on a daily basis as directed in the resident's care plan. This issue was discussed with the area manager (acting). The area manager (acting) informed the inspectors that on occasions the resident would refuse to have their blood sugar monitored. A recommendation has been made that blood sugar monitoring be carried out as directed within the resident's care plan. Evidence should be maintained if the resident refuses to have their blood sugar monitored.

10.6 Policies and procedures

One of the inspectors reviewed the infection prevention and control policy dated October 2012. A recommendation has been made that this policy be reviewed and updated to address the arrangements in place for the management of soiled continence products.

10.7 Activities

One of the inspectors reviewed the social inclusion policy. This policy addressed the principles, values and general aims of social inclusion. A policy on the provision of activities was not available. A recommendation has been made that a policy on the provision of activities be developed.

Discussion with the area manager (acting) identified that an individual programme of activities had been developed for residents. A sample of these programmes were reviewed. The review identified that evidence of a date of review of these programmes was not available. A recommendation has been made that the residents' programme of activities is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs. Activities provided included gardening, walks, outings to local markets, outings to concerts and DVDs. Discussion with the area manager (acting) confirmed that residents had attended a number of outings recently including trips to the beach and to a country park.

Discussion with the area manager (acting) confirmed that a care plan on activities was available in the residents' care records. One of the inspectors reviewed elements of four care records. In the care records reviewed by the inspector a care plan in regard to activities had been developed.

The area manager (acting) confirmed that there was an acceptable supply of activity equipment available. This equipment included beauty materials, pool table and gardening equipment.

Overall there was evidence that the activities provided are based on the individual needs/wishes of the residents and that these provide positive outcomes for residents.

10.8 Staffing

One of the inspectors reviewed a random sample of agency staff files. The review identified that an agency staff induction programme had not been completed for an agency staff member. A recommendation has been made that an induction programme is completed for all staff working in the home.

The review also identified that a copy of an agency staff member's certificate of registration with the Northern Ireland Social Care Council (NISCC) was available in the staff file. However the expiry date on this certificate was 12 April 2014. This issue was discussed with the area manager (acting) including the monitoring arrangements in regard to NISCC registration. The area manager (acting) confirmed that monitoring arrangements were in place for care staff employed within Mulhern Close. However these monitoring arrangements had not been extended to agency staff. A recommendation has been made that the monitoring arrangements in place in regard to NISCC registration be extended to agency staff employed at the home.

During the inspection the area manager (acting) contacted the agency and a copy of the updated NISCC certificate was forwarded to the home. This certificate was made available to the inspectors. The date of expiry recorded on this certificate was 12 April 2019.

A staffing requirement was made in the report of the previous inspection requiring the following issues to be addressed:

- 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.

The inspectors discussed the staffing requirement with the responsible individual (acting) and the area manager (acting). The area manager (acting) confirmed that the identified resident requiring a one to one staffing ratio was admitted to hospital shortly after the previous inspection and to date remains in hospital. It is the view of RQIA that this element of the requirement would be addressed on the resident's return to Mulhern Close.

The area manager (acting) confirmed that the organisation has systems in place to address causal sick leave and that causal sick leave has reduced since the previous inspection.

The area manager (acting) also confirmed that the organisation in control had advertised for a deputy manager on two occasions and were unsuccessful in regard to recruiting for this role. A permanent administrative officer 20 hours per week, five permanent support workers 39 hours per week and two relief support workers had been recruited. Also interviews were to take place on 08 August 2014 for a permanent activity co-ordinator 39 hours per week. The area manager (acting) informed the inspectors that the organisation in control were awaiting the return of a satisfactory access ni certificate and relevant documentation for recently recruited staff prior to these staff taking up post.

In acknowledging the aforementioned, steps have been taken since the previous inspection to address the issue of staffing levels however in terms of the number of staff on duty this remains unchanged. It is the opinion of the inspectors that the task orientated role of the team leaders remains unchanged.

As previously stated in 10.4 a number of staff require updating/training in behaviours that challenge including respect and moving and handling. Taking this into account it is the opinion of the inspectors that further work is required to address the competency and capability of staff employed.

The responsible individual (acting) indicated in his correspondence of 24 July 2014 to RQIA that the staffing requirement made in the previous inspection report was being addressed. However a number of elements of the previous staffing requirement have not been fully addressed and these will be stated for the second time.

One of the inspectors reviewed staff duty rosters from 23 June 2014 to 02 August 2014 (inclusive).

The review identified the following:

- the registered manager's hours varied from 16 hours per week to 39.5 hours per week;
- one support worker worked nine days in a row and 10 out of 11 days and a second support worker worked seven days in a row. These periods included a number of the following shifts 7.45am – 3.30pm, 1.30pm – 9.15pm and 7.45am – 9.15pm;
- team leaders shift pattern, rostered on duty from 7.45am – 10.45pm. Sleepover from 10.45pm – 7.45am. On duty from 7.45am the following morning to 8am;
- support worker shift pattern includes 7.45am – 9.15pm; and
- support workers carrying out mixed duties ie catering and cleaning.

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:

- review the hours worked by the registered manager to ensure that these hours are adequate in regard to the management of the home on a day to day basis;
- review shift patterns of care staff to ensure they are in keeping with good practice guidelines ie Health and Safety Executive, Human Factors Briefing Note 10. Fatigue and the Royal College of Nursing, A Shift in the Right Direction; and
- review support workers carrying out mixed duties to ensure that this arrangement does not have a direct impact on residents' care.

The review of staff duty rosters from 23 June 2014 to 02 August 14 (inclusive) also identified that the registered manager and the area manager (acting) hours were not recorded on the staff duty roster from the 28 July to 02 August 2014. A requirement has been made to address this issue.

A requirement which had been made during the previous inspection that a competency and capability assessment be completed with any person who is given the responsibility of being in

charge of the home for any period of time in the absence of the registered manager had not been addressed and will be stated for the second time.

The area manager (acting) confirmed that a competency and capability template had been developed. However this assessment had not been completed with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager. A copy of the competency and capability template was made available to the inspectors.

10.9 Visits by the Registered Provider (Regulation 29)

One of the inspectors discussed with the area manager (acting) the procedure for monitoring the quality of services provided by the home. The area manager (acting) 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 area manager (acting) 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 review identified that evidence was available of consultation with a relative in one of the four reports of the monthly visits. A recommendation which had been made that consideration should be given to innovative ways on how to obtain relatives and visitors views as to the standard of care provided in the home during the previous inspection had not fully been addressed and will be stated for the second time.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr W Morrow, Responsible Individual (Acting) and Ms K Gregg, Area Manager (Acting), 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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Mulhern Close Residential Care Home

01 and 06 August 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 Mr W Morrow, Responsible Individual (Acting) and Ms K Gregg, Area Manager (Acting) 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) (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. The requirement must address the following issues:</p> <ul style="list-style-type: none"> • review the hours worked by the registered manager to ensure that these hours are adequate in regard to the management of the home on a day to day basis; • review shift patterns of care staff to ensure they are in keeping with good practice guidelines ie Health and Safety Executive, Human Factors Briefing Note 10. Fatigue and the Royal College of Nursing, A Shift in the Right Direction; and • review support workers carrying out mixed duties to ensure that this arrangement does not have a direct impact on residents' care. <p>Ref: Section 10.8</p>	One	<p>The arrangements for Registered Manager have been reviewed. Mr W Morrow submitted an application to become Registered Manager on 12th August and from 28th August he has been Acting Registered Manager with RQIA pending registration. The previous Registered Manager, Mr Kevin Miley, has been removed from the post of Registered Manager from week commencing 22nd September. He has tendered his resignation from this post in writing to both RQIA and Inspire as Registered Manager to RQIA.</p> <p>Mr Morrow has been employed as temporary Registered Manager on a 39 hour contract with at least 30 hours per week to be spend within Mulhern Registered Residential Home the home from 1st September to ensure there is adequate management cover. This will be</p>	06 September 2014

				<p>monitored on a weekly basis by M Cameron Director of Inspire.</p> <p>The permanent post of Registered Manager has been advertised in the local press and is due to close on 9th October, 2014. In the meantime, a suitable practitioner with previous experience as a Registered Manager and in working with adults with learning disabilities has been sourced from First Choice Nursing and Residential Agency. She will commence induction on 29th September, pending approval and Registration from RQIA. She will then act as Registered Manager until the recruitment of a permanent registered manager is completed. The application for registration as Registered Manager will be submitted to RQIA on Thursday 2nd October 2014.</p> <p>The shift patterns and mixed duties for support workers are under review as part of the overall review of management</p>	
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				<p>and staffing. This was discussed by the Director of Inspire at a meeting with RQIA on 8th September. A further meeting was held with Western Health and Social Care Trust (WHSCT) on 10th September. WHSCT have agreed to review the needs of the residents to ensure the staffing compliment is in line with the commissioned level of service. This review was discussed with staff at a staff meeting on 16th September and with carers and relatives at a meeting on 18th September, 2014. The review will be completed by mid October and the revised staffing structure and allocation of duties will be ready for implementation by end of October.</p> <p>Compliance with the European Working Time Directive has been reviewed. A programme of internal audit has been introduced and is ongoing by Niamh Directors and Senior Managers to ensure compliance. This includes confirmation that all staff have</p>	
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				has the required breaks in accordance with Niamh guidance. The staff team have been made aware of the Niamh policy guidance.	
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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
2	13 (2)	A requirement has been made that robust monitoring systems are put in place in regard to the arrangements for the locking of residents' bedroom doors. Ref: Section 10.3	One	A daily robust monitoring system has been put in place in regards to the arrangements for the locking of residents doors. The Team Leader, Deputy Manager or Registered Manager check and monitor that doors are only locked in agreement with the care plan, agreed with Trust Professionals based on best interests and compliance with Human Rights principles. These arrangements have all been reviewed on 8 th September, 2014 by named workers from WHSCT.	06 September 2014
3	19 (2) Schedule 4 (7)	The registered person shall ensure that a copy of the duty roster of persons working at the home, and a record of whether the staff duty roster was actually worked be maintained. Ref: Section 10.8	One	The duty rota now includes details of when the Registered Manager and Area Manager have been on duty since 6 th August and this is maintained on an ongoing basis and monitored by Senior Management from Inspire.	From the date of inspection
4	20 (1) (c) (i)	It is required that all staff as appropriate are trained/updated in the following areas:	One	The mandatory Respect training was delivered on 8th	06 September 2014

		<ul style="list-style-type: none"> • Behaviours that challenge including respect training • Moving and handling. <p>Ref: Section 10.4</p>		<p>and 25th September. A further session is planned to ensure all staff are trained within the required timescales</p> <p>Moving and handling training was arranged and provided on 18th and 25th September. Records have been updated accordingly.</p>	
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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
5	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>The requirement must address the following issues:</p> <ul style="list-style-type: none"> • the competency and capability of staff employed; • the numbers of staff on duty; and • the task orientated focus of the team leader position. <p>Ref: Section 10.8</p>	Two	<p>The competence and capability of staff is assessed within the framework of the Niamh Performance Management System (PMS).</p> <p>The Niamh Supervision policy which doubles the frequency of supervision will support this process. Group supervision in the form of staff meeting are planned on a monthly basis for the remainder of 2014.</p> <p>The number of staff on duty was discussed with WHSCT on 10th September, 2014 and confirmed to be in line with commissioned services against service user needs. These will be fully reviewed under the agreed review of assessment of service users needs with WHSCT, and in line with the restructuring of support worker job roles and responsibilities. This will be completed by the end of October.</p>	06 September 2014

				Administrative support has been provided within Mulhern to ease the pressure on the Team Leader on duty for the shift. Recruitment is currently under way for a permanent part time administrative support post for Mulhern and the roles and responsibilities of the team Leader will be reviewed in line with the overall staffing and structural review within Mulhern.	
6	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 10.8	Two	The Registered Manager has completed competency assessments for all the Team Leaders and relief Team Leaders who can be left in charge of the home.	06 September 2014

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.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	35.1	It is recommended that the infection	One	The Inspire Infection	30 September

		<p>prevention and control policy be reviewed and updated to address the arrangements in place for the management of soiled continence products.</p> <p>Ref: Section 10.6</p>		<p>Prevention and Control Policy and Procedure has been reviewed in consultation with the local District council with regard to clinical waste and the service has received further written guidance and correspondence from the Council Waste Management Department. They have confirmed that Mulhern Residential Home is compliant with environmental regulations and have advised that continence products are double bagged for disposal. This process is in place and all staff are aware of the need to follow this process.</p>	2014
2	13.1	<p>It is recommended that a policy on the provision of activities be developed.</p> <p>Ref: Section 10.7</p>	One	<p>An activities Policy has been developed and is now in place. This policy provides a framework for the provision of person centred activities based on the commissioned service and best practice. It will be reviewed in three months following implementation and on receipt of feedback from professional from WHSCT, residents and staff and any necessary amendment will be adopted.</p>	30 September 2014
3	13.10	<p>It is recommended that the residents'</p>	One	<p>The Policy Guidance has been</p>	30 September

		<p>programme of activities is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p> <p>Ref: Section 10.7</p>		<p>revised and updated and the programme of activities will be reviewed at least two yearly. An integral part of the review process with the Trust will include six monthly reviews of each residents activity programme within the residents care and support plan.</p>	2014
4	23.1	<p>It is recommended that an induction programme be completed for all staff working in the home.</p> <p>Ref: Section 10.8</p>	One	<p>The induction programme within Inspire has been reviewed and applies to all staff working in the home. It will be completed for all staff working within the home and will be also be applied to any agency worker being employed within the home.</p>	31 August 2014

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.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
5	25.3	It is recommended that the monitoring arrangements in place in regard to NISCC registration be extended to agency staff employed at the home. Ref: Section 10.8	One	A NISCC registration check which includes photographic verification is now included in the induction for Agency staff.	31 August 2014
6	6.2	It is recommended that blood sugar monitoring be carried out as directed within the resident's care plan. Evidence should be maintained if the resident refuses to have their blood sugar monitored. Ref: Section 10.5	One	Blood sugar monitoring is carried out in accordance with medical direction and is clearly recorded in the resident's care plan. The recording of refusal to allow blood sugar monitoring has been reinforced to the staff team from the date of the inspection.	From the date inspection
7	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 10.9	Two	The details and content of monthly monitoring reports have been strengthened and improved since the inspection. Details including residents and relatives views will be routinely sought as part of the monitoring process and reflected in the reports. A carers meeting was held on 18 th September and it was agreed to hold a formal twice yearly carers forum with ongoing correspondence and meetings as required on an	31 August 2014

				<p>individual basis in line with service user needs and carers requests for meetings. A yearly quality audit will also be carried with carers from November, 2014 in the form of a questionnaire to gather information on quality of service provided, to inform future service provision and to improve and strengthen communication with carers.</p> <p>Residents meetings have been arranged with each house on a monthly basis with a joint residents meeting arranged for each quarter to ensure residents views are sought and used to shape and inform service delivery and to encourage participation and feedback.</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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	William Morrow
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Peter McBride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Ruth greer	01/10/14
Further information requested from provider			