



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Mulhern Close Residential Home (11109)
Date of Inspection: 5 November 2014
Inspectors' Name: John McAuley and Laura O'Hanlon
Inspection ID: IN016963

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Mulhern Close Residential Home
Address:	58 Coolnagard Avenue Omagh BT78 1GA
Telephone number:	028 8225 0382
E mail address:	susan.mcbride@inspirewellbeing.org
Registered Organisation/ Registered Provider:	Mr Peter Arthur James McBride
Registered Manager:	Ms Susan McBride (Registration Pending)
Person in charge of the home at the time of inspection:	Ms Kerri Gregg Deputy Manager
Categories of care:	LD and LD (E)
Number of registered places:	12
Number of residents accommodated on Day of Inspection:	11 plus 1 resident in hospital
Scale of charges (per week):	£1,711 to £3,206
Date and type of previous inspection:	1 August 2014 Secondary unannounced inspection
Date and time of inspection:	12 November 2014 Secondary Unannounced inspection
Names of Inspectors:	John McAuley and Laura O'Hanlon

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 an unannounced care inspection to assess the compliance with the two failures to compliance notices and quality improvement plan of the inspection on 31 August 2014. 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 deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with residents and staff
- Inspection of the premises
- Evaluation of findings and feedback.

5.0 Inspection focus

The inspection sought to assess the compliance with the two failures to comply notices and quality improvement plan of the inspection on 31 August 2014.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

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 Residential Home was undertaken by John McAuley and Laura O’Hanlon on 5 November 2014 between the hours of 10:15am and 1:45pm. The Deputy Manager, Ms Kerri Gregg was available during the inspection and for verbal feedback at the conclusion of the inspection.

Six requirements and one recommendation were made as a result of the previous inspection on 31 August 2014. Two of these requirements resulted in failure to comply notices being issued.

A review of these requirements and recommendation found that two requirements and the recommendation had been addressed satisfactorily. However the two requirements in respect of the failure to comply notices had not been addressed. One requirement / failure to comply notice in relation to staffing had not been addressed and remained similar to the inspection findings on 31 August 2014. The other requirement / failure to comply notice in relation to meals had only partial compliance but not sufficient enough to confirm an overall level of compliance. Both these requirements / failure to compliance notices were not complied with within timescale.

A requirement was also made on 31 August 2014 to review restrictive practices in the home such as locking of bedroom doors. There was no evidence found to confirm that these practices had been reviewed and as such this requirement has been stated for a second time.

The other requirement in respect of cleanliness of the environment found that although the environment was clean and tidy there were areas that need attending to and due to lack of employment of designated staff for such roles, this requirement was only partially met and stated for a second time.

The detail of the actions taken in response to the previous quality improvement plan and failures to comply notices can be viewed in the section following this summary.

Due to the lack of compliance with the above, these issues were subsequently escalated to discussion with the aligned Trust and senior management with RQIA.

During the inspection the inspector met with residents. Due to the complexity of residents' needs none of the residents could clearly articulate their needs. However they did appear well dressed with attention given to personal care.

General observations of care practices found that staff in each of the three units were engaged in mixed duties, with a clear dilution of care staff hours, in that there was no structured activities in place.

The home was generally clean and tidy with two areas identified in need of attention. However the overall environment lacked stimulation and personalisation in terms of bedrooms and general comfort. These issues are discussed in 9.0 of this report.

Five requirements were made as a result of this unannounced 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 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 31 August 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
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 –</p> <ul style="list-style-type: none"> • Ensure that at all times suitably qualified, competent and experienced persons are and weekend periods; • Care staffing hours, catering and ancillary duties must be adequately differentiated to enable each role and function to be effectively delivered; and <p>(a) Sufficient care staff must be employed to ensure that the health and care needs of residents are met. Working at the home in such numbers as are appropriate for the health and welfare of residents;</p>	<p>A review of the staffing levels at the time of this inspection found that;</p> <ul style="list-style-type: none"> • There was no increase in the skill mix of team leader / managerial grade at the evening, night duty or weekend periods. • Care staff continued to work mixed duties relating to catering, domestic and laundry roles. 	Not compliant

		<ul style="list-style-type: none"> • In doing so, the registered person must; • Ensure that the skill mix of team leader / managerial must be reviewed and increase for the evening, night duty 	<ul style="list-style-type: none"> • Due to the dilution of care staffing hours with mixed duties, there was not sufficient care staffing hours employed to meet the health and social care needs of residents. 	
2	12 (1) (5) (a) (b) (c) (d) (e)	<p>The registered person shall ensure that food and drink –</p> <p>(a) are provided in adequate quantities and at appropriate intervals;</p> <p>(b) are properly prepared, wholesome and nutritious and meets their nutritional requirements;</p> <p>(c) are suitable for the needs of residents;</p> <p>(d) provide choice for the residents;</p> <p>(e) that the menu is varied at suitable intervals.</p> <p>In doing so, the registered person must;</p> <ul style="list-style-type: none"> • Ensure that the menu is 	<p>A review of the provision of meals found that;</p> <ul style="list-style-type: none"> • The menu had been reviewed in line 	Not compliant

		<p>reviewed in line with the best practice guidance outlined in the Nutritional guidelines and menu checklist for residential and nursing homes;</p> <ul style="list-style-type: none"> • Ensure that staff have training to equip them with the relevant knowledge and skills to undertake the duties allocated to them; <p>Implement robust systems and processes to ensure that adequate provisions are in place. The system must negate the need to continually deviate from the menu due to lack of</p> <ul style="list-style-type: none"> • supply and/or the wrong food being defrosted; • Ensure that a variety of nutritious snacks are available; • Ensure that residents, regardless of their dietary requirements, are provided with two or three snacks between meals; • Ensure accurate records of the food served are retained. This includes any deviations from the set menu; • Review the practice of food being prepared for long periods of time prior to cooking; 	<p>with best practice guidance.</p> <ul style="list-style-type: none"> • Care staff had received e-learning training on basic food hygiene but there were no actual assessment in terms of the skills staff members had for preparing nutritious wholesome foods. Added to this there were out of date food items found in two of the three fridges, including milk, orange juice, yoghurts and bread. • The dinner available at the time of this inspection was in accordance to the menu. • There was no evidence observed of any snacks or drinks being available to residents during this inspection. • Records were maintained of foods served, although none of the records examined found any snacks / drinks served after 8.30pm. • The practice of preparing foods for long periods continues, in that the night staff had prepared the potatoes and vegetables for the dinner time meal. 	
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		<ul style="list-style-type: none"> • Ensure that the planned menu is inclusive of dessert; • Ensure that the interval between the evening snack and breakfast the following morning is not more than 12 hours; • Ensure that the pictorial menu reflects the meal being served; • Ensure that residents are offered a choice or an alternative at each meal. 	<ul style="list-style-type: none"> • There were intervals of over 12 hours from the evening meal to breakfast recorded in the intake records of residents' meals. • A pictorial menu was available with choice. 	
3	20 (1) (c) (i)	<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 –</p> <p>(c) ensure that the persons employed by the registered person to work at the home receive –</p> <p>(i) appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>In doing so the registered person must ensure that all staff in the home are in receipt of up to date training in challenging behaviour / Respect.</p>	All staff have received up to date training in challenging behaviour / respect, with four remaining staff scheduled to do so.	Compliant

4	20 (3)	<p>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 absence.</p> <p>In doing so the registered manager must put in place this assessment in full with any member of staff with this responsibility.</p>	<p>A competency and capability assessment is in place for any member of staff being in charge of the home in the absence of the registered manager.</p>	Compliant
5	14 (5)	<p>The registered person shall ensure that no resident is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other resident and there are exceptional circumstances.</p> <p>In doing so the registered person must review the practice of locking bedroom doors, Perspex covering of televisions and overall lack of ornamental décor and soft furnishings in the environment. In reviewing such the registered person must take subsequent appropriate action for the benefit and wellbeing of residents, based on proportionate human rights and current good practice guidelines.</p>	<p>There was found to be no evidence of a review carried out on the locking of bedroom doors, for which three were locked. There was no review on the Perspex covering of televisions and on the overall lack of ornamental décor and soft furnishings in the environment.</p>	Not compliant
6	27 (2) (d)	The registered person shall, having	A review of the environment found it to be	Partially compliant

		<p>regard to the number and needs of the residents, ensure that – (d) all parts of the home are kept clean and reasonably decorated.</p>	<p>generally clean and tidy. However there was one lounge that had staining and dirt marks on the floor and the settee also had dirt marks, as with a curtain in one of the dining rooms.</p>	
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20.15	<p>The monthly accident/incident audit should be undertaken as soon as possible after month end.</p> <p>Once completed actions should be taken to address any patterns or trends emerging from the analysis.</p>	An analysis is carried out on a monthly basis of all accidents / incidents.	Compliant

9.0 ADDITIONAL AREAS EXAMINED

9.1 Resident's consultation

The inspectors met with all residents in the home at the time of this inspection. Due to the complexity of residents' needs none of the residents could clearly articulate their needs. However they did appear well dressed with attention given to personal care.

No structured activities were observed to be in place, for which several residents were found to be quite unstimulated, in terms of their overall behaviour.

9.2 Relatives/representative consultation

There were no visiting relatives in the home at the time of this inspection.

9.3 Staff consultation

The inspectors spoke with five members of staff. Discussions with staff confirmed that the staffing levels in the home have remained the same and that no action has been taken to address this. Staff informed the inspectors that they were awaiting the appointment of a cook and domestic but understood this was to get the agreement with funding. Staff informed the inspectors that they felt a good standard of care was provided for and had no concerns about same. When asked about the promotion of residents' individually in terms of social care and well-being, staff demonstrated an overall lack of knowledge and understanding of same.

9.4 Visiting professionals' consultation

There were no visiting professionals in the home at the time of this inspection.

9.5 General environment

A review of the environment found it to be generally clean and tidy.

However there was one lounge that had staining and dirt marks on the floor and the settee also had dirt marks, as with a curtain in one of the dining rooms.

The environment lacked any signage in that bedrooms; bathrooms, toilets and storage doors all looked similar and were difficult to distinguish. Other than one resident's bedroom, all others lacked any sort of personalisation and had a clinical cold appearance. These identified issues of improvement are highlighted in the attached quality improvement plan to be addressed.

9.6 Care practices

General observations of care practices found that care staff were engaged in a variety of mixed duties relating to cooking and catering, domestic work and laundry. There was found to be no structured activities in place with residents generally appearing unstimulated.

9.7 Restrictive practices

Three out of the four bedroom doors in one bungalow were locked. The explanation for this was to prevent residents going into each other's rooms but none had any signage in place to distinguish whose room was whose.

All the televisions in the home were locked in a Perspex covering which gave institutionalised authoritarian appearance. The explanation for this was to prevent the televisions from being broken / smashed but there was no evidence that this practice had been reviewed.

The environment also lacked ornamental décor and furnishings, and again gave an institutionalised authoritarian appearance. Some wall pictures had been recently added to the lounges but there was an overall lack of evidence that the restrictive type appearance of the environment had been reviewed and acted upon. A requirement has been made for a second time in respect of same.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the Deputy Manager, Ms Kerri 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:

John McAuley
Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

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 –</p> <ul style="list-style-type: none"> • Ensure that at all times suitably qualified, competent and experienced persons are and weekend periods; • Care staffing hours, catering and ancillary duties must be adequately differentiated to enable each role and function to be effectively delivered; and • Sufficient care staff must be employed to ensure that the health and care needs of residents are met. Working at the home in such numbers as are appropriate for the health and welfare of residents In doing so, the registered person must; • Ensure that the skill mix of team leader / managerial must be reviewed and increase for the evening, night duty 	Four	<p>Suitably, qualified, competent and experienced members of staff are on shift at all times within Mulhern Registered Residential Home. In addition, a second member of management staff (Deputy Manager /Team Leader) is on shift at weekends since 10/11/14. The shift is part of AM & PM hours. Additionally the Area Service Manager completes unannounced visits each month.</p> <p>A dedicated Cook has commenced within Mulhern from 19/11/14 (49 hours per week). A dedicated Cleaner has commenced work within Mulhern Registered Residential Home from 24/11/14 (35 hours per week). In absence of the cook (for purposes of days off, A/L etc) one of four staff members specifically trained in Food Hygiene will be allocated solely for cooking duties. In the</p>	As per Notice of Proposal

				<p>absence of the dedicated cleaner a staff member will be allocated solely for cleaning duties.</p> <p>Staff skill mix agreed with commissioning WHSCT to meet the needs of 12 residents (full occupancy):</p> <p>(7) Support Workers AM Shift, (7) Support Workers PM Shift (4) Support Workers Night Duty (1) Team Leader Sleep over (1) Activity Therapist (5 days) (1) Deputy Manager (5 days) (1) Manager (5 days) (1) Teamleader / Deputy Manager (Extra Sat & Sun)</p> <p>Although not a requirement from WHSCT, additionally from January, 2015, a part time administrative assistant will be employed to carry out basic administrative duties. This will enable all Management staff to spend more direct contact time with residents.</p>	
2	12 (1) (5) (a) (b) (c) (d)	The registered person shall ensure that food	Three	Snacks and drinks are provided	As per Notice

	(e)	<p>and drink –</p> <ul style="list-style-type: none"> (a) are provided in adequate quantities and at appropriate intervals; (b) are properly prepared, wholesome and nutritious and meets their nutritional requirements; (c) are suitable for the needs of residents; (d) provide choice for the residents; (e) that the menu is varied at suitable intervals. <p>In doing so, the registered person must;</p> <ul style="list-style-type: none"> • Ensure that staff have training to equip them with the relevant knowledge and skills to undertake the duties allocated to them; • <p>Implement robust systems and processes to ensure that adequate provisions are in place. The system must negate the need to continually deviate from the menu due to lack of</p> <ul style="list-style-type: none"> • supply and/or the wrong food being defrosted; • Ensure that a variety of nutritious snacks are available; 		<p>at appropriate Intervals at least (3) times per day and as and when required</p> <p>Food is prepared by suitably qualified staff following guidelines from Nutritional Guidelines & Menu Check lists for Adults with Learning Disability.(Menus are reviewed 3 monthly)</p> <p>Two choices of meals are available at each meal time and displayed within each bungalow. Meal Choices are discussed with residents at residents meetings in accordance to their dietary requirements.</p> <p>All staff have completed Social Care TV Training which included a Competency test. Additionally, a further 4 staff members have completed Food Hygiene Course on 15/12/14 and will deputise for the cook during periods of days off, A/L etc.</p> <p>Two menu choices are offered</p>	of Proposal
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		<ul style="list-style-type: none"> • Ensure that residents, regardless of their dietary requirements, are provided with two or three snacks between meals; • Ensure accurate records of the food served are retained. This includes any deviations from the set menu; • Review the practice of food being prepared for long periods of time prior to cooking; • Ensure that the interval between the evening snack and breakfast the following morning is not more than 12 hours. 		<p>at each meal time. Any change from menu is discussed with Residents and a deviation form completed and available for inspection.</p> <p>A variety of two/three snacks are available for each resident between meals. Choice & variety is increased as food shopping is now completed three times per week.</p> <p>All food is prepared fresh by the allocated cook/suitably qualified staff.</p> <p>From 18/11/14 Intervals that exceed 12 hours between meals are recorded within residents notes and reason for this.</p>	
3	14 (5)	The registered person shall ensure that no resident is subject to restraint unless restraint	Two	A review of locking bedroom doors for each resident has	20 December 2014

		<p>of the kind employed is the only practicable means of securing the welfare of that or any other resident and there are exceptional circumstances.</p> <p>In doing so the registered person must review the practice of locking bedroom doors, Perspex covering of televisions and overall lack of ornamental décor and soft furnishings in the environment. In reviewing such the registered person must take subsequent appropriate action for the benefit and wellbeing of residents, based on proportionate human rights and current good practice guidelines.</p>		<p>been completed on 08/09/14 by the WHSCT multi-disciplinary team and signed by full Multi Disciplinary team. This is will be reviewed by the multi-disciplinary team at each resident's review or more frequently if required in line with changing needs.</p> <p>In relation to perspex covering televisions, individualised risk assesments have been completed for each of the residents effected on 12/12/14 and has been signed by Multidisciplinay Team.</p> <p>Residents and families have been consulted on décor and furnishings within their home on 6/12/14. Based on proportinate human rights and current good practice, additional appropriate ornamental décor and soft furnishings have been chosen and purchased for the benefits and wellbeing of the residents.</p>	
4	27 (2) (d)	The registered person shall, having regard to the number and needs of the residents, ensure that –	Two	Mulhern Registered residential Home is kept clean and is reasonably and tastefully	20 December 2014

		(d) all parts of the home are kept clean and reasonably decorated.		decorated in keeping with residents likes and wishes. A dedicated cleaner completes a thorough daily clean. Spot checks are completed on the curtains and dry cleaned as required since 20/12/14	
5	13 (1)	<p>The registered person shall ensure that the residential care home is conducted so as –</p> <p>(a) To promote and make provision for the health and welfare of residents;</p> <p>Reference to this is made in that a review must be carried out in consultation with the resident and / or their representative to implement and put in place an individualised assessment to add comfort and well-being to the furnishment and décor of their rooms and the environment.</p>	One	<p>Each resident and their family members have been consulted regarding the personalisation and decoration of their bedrooms and communal areas within their home on 6/12/14.</p> <p>Each room has been decorated and furnished according to individual likes and wishes to ensure the comfort and well-being of each resident.</p>	20 December 2014

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Susan McBride
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	John McAuley	9 January 2015
Further information requested from provider			