



The Regulation and
Quality Improvement
Authority

Mulhern Close Residential Home
RQIA ID: 11109
58 Coolnagard Avenue
Omagh
BT78 1GA

Inspector: Laura O'Hanlon
Inspection ID: IN022231

Tel: 028 8225 0382
Email: k.gregg@inspirewellbeing.org

**Unannounced Care Inspection
Of
Mulhern Close Residential Home**

15 December 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 15 December 2015 from 10.30 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Two requirements were made in regard to fire safety training and the reporting of accidents and incidents. One recommendation was made to review staffing levels in an identified bungalow.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with Elaine Heslip, deputy manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Inspire Wellbeing Limited	Registered Manager: Kerri Gregg
Person in charge of the home at the time of inspection: Elaine Heslip, deputy manager	Date manager registered: 3 August 2015
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 12
Number of residents accommodated on day of inspection: 11	Weekly tariff at time of inspection: £1711-£3206

3. Inspection focus

The inspection sought to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the notification of accidents and incidents.

We met with ten residents, seven members of the care staff and the deputy manager.

We inspected the following records: three care records, accident /incident reports, registered provider visits, fire safety records, complaints/compliments records and the record of residents meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 30 July 2015. No QIP was issued at this inspection.

5.2 Review of requirements and recommendations from the last Care inspection

No requirements or recommendations were made at the last care inspection.

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The deputy manager confirmed that residents' views are taken into account in all matters affecting them, in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was in regard to a resident who wanted to undertake some paid work. It was agreed with the resident, their family and Trust care manager that this service user undertakes agreed tasks in the home and receives a payment for this.

The deputy manager confirmed that the last residents' meeting was convened on 28 November 2015. The residents' views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. A record of this meeting was available during the inspection. At the most recent residents' meeting discussion took place to plan for Christmas. The deputy manager advised us that these meetings take place on a monthly basis.

The three care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and the registered provider monthly visits. The deputy manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were observed within each care record. Residents were present and participated in their care management review where possible.

The deputy manager shared with us the annual quality review report dated April 2015. This reflected the views of residents, representatives and other external visitors to the home.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, asking residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

There were no areas for improvement identified within the standard inspected. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with ten residents. We observed residents relaxing in the communal lounge area. A number of residents were in the activity room making Christmas cards. The residents were enjoying this activity. Discussion with staff confirmed that the residents had made decorations for the Christmas trees in the home. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction

with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible.

5.4.2 Staff views

We spoke with five members of care staff, one member of the catering staff, one member of ancillary staff and the deputy manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

The staff stated that they felt supported by the registered manager and advised that she was very approachable. The staff explained how the residents were offered choices on a daily basis.

The staff advised us that the cook employed within the home had received an award for her herb garden. The cook informed us that she involves the residents' in cooking and baking within the home.

Two staff members of the care staff informed us that there were insufficient staffing levels within bungalow C. We were advised that only two care staff work in this bungalow. These staff members commented on the increased dependency of the residents and the increased number of incidents of one particular resident in this bungalow. This bungalow is also preparing to admit a new resident. This issue was discussed with the deputy manager during feedback. A recommendation was made to review the staffing levels in line with the increased dependency of the residents.

Some comments made were:

- "I think the care is as good as you can get."
- "I believe that all staff members give each resident the best care we can give. If I had a family member that needed a placement I would have no qualms in sending them here."

5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard. Spiritual emblems were noted within residents' bedrooms. We noted that the home was tastefully decorated in preparation for Christmas.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with attention to personal detail.

5.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 24 April 2015.

We reviewed the fire safety records and confirmed that fire safety training was last undertaken on 5, 13, 19 and 24 November 2015. We noted that 18 staff members had not completed this training. We made a requirement to ensure that is addressed.

The records indicated that a fire drill took place on 17 September 2015.

5.4.6 Accidents / Incident reports

We reviewed the accident/incident records which have occurred since the previous inspection. We identified four incidents where medical intervention was sought or hospital admission had occurred. Such incidents had not been reported to RQIA. We made a requirement to ensure that all accidents and incidents are reported to RQIA. The deputy manager was referred to the RQIA guidance on reporting of statutory notifications.

5.4.7 Complaints / Compliments records

In our inspection of complaint records and discussion with the deputy manager we confirmed that complaints had been managed appropriately.

5.4.8 Visits by the Registered Provider

We reviewed the record of these visits. This record confirmed that these visits were unannounced and were undertaken on a monthly basis.

Areas for improvement

Two requirements were made in relation to the reporting of accidents and incidents and the fire safety training. One recommendation was made to review the staffing levels in line with the increased dependency of the residents.

Number of Requirements:	2	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Elaine Heslip. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

6.4 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 (Northern Ireland) 2005.

6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.6 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 30 (1) (f)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2015</p>	<p>The registered person must ensure that RQIA are informed of any accident or incident which occurs in the home.</p>
	<p>Response by Registered Person(s) detailing the actions taken:</p> <p>The Registered Manager will continue to forward any accidents or incidents which occur in the Home to RQIA. This will include any accidents, incidents or diagnosis which results in hospital treatment/admission and any admission to hospital for diagnostic investigation.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (4) (e)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2015</p>	<p>The registered person must ensure that fire safety training is undertaken twice yearly by all staff members working in the home.</p>
	<p>Response by Registered Person(s) detailing the actions taken:</p> <p>Classroom training on fire safety and evacuation was completed on 20.01.16 within Mulhern Close. A total of 18 relief staff were trained. Any staff members who were unable to attend this training will not work any shifts in Mulhern Close until this training is completed.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The registered person should ensure that a review of the staffing levels is undertaken within Bungalow C in accordance with the dependency of the residents.</p>
	<p>Response by Registered Person(s) detailing the actions taken:</p> <p>A review of one Residents care needs assessment was completed in November 2015 by staff from the Western Health & Social Care Trust. Consultant Phychiatrist also reviewed Resident's in Camellia House on 30.09.15. A meeting to discuss staffing levels was held with the Western Trust on 18.01.16.</p>

Registered Manager completing QIP	Kerri Lowry	Date completed	25.01.16
Registered Person approving QIP	Peter McBride	Date approved	05.02.16
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	19.2.16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address