



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

<b>Name of Service and ID:</b>	<b>Mulhern Close Residential Home (11109)</b>
<b>Date of Inspection:</b>	<b>23 December 2014</b>
<b>Inspectors' Name:</b>	<b>Laura O'Hanlon and John McAuley</b>
<b>Inspection ID:</b>	<b>IN021106</b>

**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**

<b>Name of Service:</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>	susan.mcbride@inspirewellbeing.org
<b>Registered Organisation/ Registered Provider:</b>	Inspire Wellbeing Ltd. Mr Peter Arthur James McBride
<b>Registered Manager:</b>	Ms Susan McBride (Registration Pending)
<b>Person in charge of the home at the time of inspection:</b>	Ms Susan McBride
<b>Categories of care:</b>	LD and LD ( E )
<b>Number of registered places:</b>	12
<b>Number of residents accommodated on Day of Inspection:</b>	10 plus 1 resident in hospital
<b>Scale of charges (per week):</b>	£1,711 to £3,206
<b>Date and type of previous inspection:</b>	05 November 2014 Secondary unannounced inspection
<b>Date and time of inspection:</b>	23 December 2014: 10am to 12.30pm
<b>Names of Inspectors:</b>	Laura O'Hanlon and John McAuley

## **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 is required.

This is a report of an unannounced care inspection to assess the compliance following the issue of notice of proposal and quality improvement plan of the inspection on 5 November 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 registered 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 compliance following the issue of a notice of proposal and the quality improvement plan of the inspection on 5 November 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:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially Compliant</b>	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.
<b>5 - Compliant</b>	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, a residential area in the town of Omagh.

The home is managed by Inspire Wellbeing Ltd with the Responsible Person being Mr Peter McBride. The Acting Manager is Ms Susan McBride who has been in this position for approximately three months.

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 23 December 2014 between the hours of 10.00am and 12.30pm. Ms Susan Mc Bride Acting Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

There were five requirements made as a result of the previous inspection on 05 November 2014. Two of these requirements had resulted in a notice of proposal to place conditions on registration being issued to the home. A review of these requirements found that all five requirements identified within the quality improvement plan have been satisfactorily addressed within the required timescale.

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

During the inspection the inspector met with residents. Due to the complexity of residents' needs, none of the residents could clearly articulate their views about the home. However, they did appear well dressed with attention given to personal care. The residents appeared to be more content within their surroundings as they engaged in varying activities. On the day of the inspection a group of residents were going into town for an outing, supported by care staff.

General observations of care practices found that staff in each of the three units were much more positive about their work and their working environment. Staff stated that the introduction of a designated cook and domestic has created more time to spend with the residents undertaking activities. Staff also stated that general morale within the home was improving.

The home was clean and tidy. The two areas within the home identified in need of attention had been addressed. There has been a significant improvement in the overall environment. The overall environment presents as homely and was well decorated for the festive period. Inspection of the bedrooms reflected meaningful personalisation and general comfort for the residents.

These issues are discussed in 9.0 of this report.

No requirements or recommendations were made as a result of this unannounced inspection, details can be found in the main body of the report.

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 5 November 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"> <li>• Ensure that at all times suitably qualified, competent and experienced persons are employed at weekend periods;</li> <li>• Care staffing hours, catering and ancillary duties must be adequately differentiated to enable each role and function to be effectively delivered; and</li> <li>• 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</li> </ul>	<p>The returned quality improvement plan and discussion with the acting manager confirmed that this requirement has been satisfactorily addressed.</p> <p>A review of the staffing levels on the day of inspection found that:</p> <ul style="list-style-type: none"> <li>• Suitably qualified, competent and experienced persons were employed at weekend periods since 10 November 2014</li> <li>• A cook has been employed within the home for 49 hours weekly. A domestic has also been employed within the home for 35 hours per week which enables care staff to deliver their function and role effectively.</li> <li>• On the day of inspection sufficient care staff were employed to meet the health and social care needs of residents. The skill mix has</li> </ul>	Compliant



		<p>health and welfare of residents In doing so, the registered person must;</p> <ul style="list-style-type: none"> <li>• Ensure that the skill mix of team leader / managerial must be reviewed and increase for the evening and night duty.</li> </ul>	<p>been reviewed at weekends to include a team leader / managerial role for the evening and night duty.</p>	
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"> <li>• Ensure that staff have training to equip them with the relevant knowledge and skills to undertake the duties allocated to them;</li> </ul>	<p>A review of the provision of meals found that;</p> <ul style="list-style-type: none"> <li>• Food and drink are provided in adequate quantities and at appropriate intervals.</li> <li>• The food being prepared was wholesome, nutritious and met the nutritional requirements.</li> <li>• The cook was preparing the main meal during the inspection which was suitable for the needs of the residents and provided a choice.</li> <li>• Inspection of sample menus confirmed that the menu is varied at suitable intervals.</li> <li>• Staff have completed training which included a competency test. In addition four staff members have completed a food hygiene course and will deputise for the cook during</li> </ul>	Compliant

		<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"> <li>• supply and/or the wrong food being defrosted;</li> <li>• Ensure that a variety of nutritious snacks are available;</li> <li>• Ensure that residents, regardless of their dietary requirements, are provided with two or three snacks between meals;</li> <li>• Ensure accurate records of the food served are retained. This includes any deviations from the set menu;</li> <li>• Review the practice of food being prepared for long periods of time prior to cooking;</li> <li>• Ensure that the interval between the evening snack and breakfast the</li> </ul>	<p>periods of time off.</p> <ul style="list-style-type: none"> <li>• The cook has responsibility for maintaining adequate supplies of food. The inspector viewed the fridges and cupboards and found an ample supply of fresh food.</li> <li>• There was evidence of nutritious snacks being provided between meals as documented and also observed.</li> <li>• Accurate records are maintained of food served. No deviations from the set menu were noted on the day of inspection.</li> <li>• The inspectors observed fresh food being prepared by the cook on the day of inspection.</li> <li>• The acting manager confirmed that intervals which</li> </ul>	
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		following morning is not more than 12 hours.	exceed 12 hours between meals will be noted within residents care record including a reason.	
3	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>The acting manager confirmed that a review of restrictive practices such as locking bedroom doors has taken place with the WHSCT. This has been completed and signed by the multi-disciplinary team. During the inspection, the inspectors were able to view residents 'bedrooms.</p> <p>In relation to the Perspex covering of televisions, individualised risk assessment have been completed for each resident and signed by the multi-disciplinary team and it was reported that such will be subject to regular review.</p> <p>Observation of the environment confirmed that there was an increase in ornamental décor and soft furnishings within the environment.</p>	Compliant
4	27 (2) (d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(d) all parts of the home are kept clean and reasonably decorated.</p>	<p>Observation of the environment confirmed that the identified lounge and curtains were clean. The overall environment was clean and tidy. A cleaner was in place on the day of the inspection.</p>	Compliant

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>	<p>The acting manager confirmed that a review has taken place of the furnishings within the home. The residents and their families have been consulted on the general décor, and the personalisation and decoration of bedrooms and communal areas.</p> <p>The inspectors viewed the bedrooms and communal areas and found them to be individualised, meaningful and comfortable.</p>	Compliant
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## **9.0 ADDITIONAL AREAS EXAMINED**

### **9.1 Residents' Consultation**

The inspectors met with three of the residents in the home during the inspection. Due to the complexity of residents' needs, none of the residents could clearly articulate their views about the home. However, they did appear well dressed with attention given to personal care. The residents appeared to be more content and stimulated within their surroundings as they engaged in varying activities. On the day of the inspection a group of residents were observed going into town for an outing, supported by care staff.

### **9.2 Relatives/Representatives' 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. The staff in each of the three units were more positive about their work and their working environment. Staff stated that the introduction of a designated cook and domestic has created more time to spend with the residents in undertaking activities. Staff also stated that general morale within the home was improving. An activity therapist has been employed within the home to work with the residents and this was evidenced on the day of the inspection. Staff informed the inspectors that they felt a good standard of care was provided for and had no concerns about same. Staff advised that they have worked with the residents and their families to improve the overall environment. The inspectors also spoke with the domestic and the cook employed.

### **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 clean and tidy. The previously identified lounge areas were now found to be clean with no stains observed.

The environment now has a warm and homely atmosphere. Bedrooms doors have been personalised to each resident with signage also to identify bathrooms, toilets and storage doors. Inspection of the bedrooms reflected meaningful personalisation and general comfort for the residents.

### **9.6 Care Practices**

General observations of care practices found that care staff were engaged with residents in varying art and craft activities. Residents appeared to be enjoying the activities and staff appreciated this time with the residents.

## 9.7 Restrictive Practices

The acting manager confirmed that a review of restrictive practices such as locking bedroom doors has taken place with the WHSCT. This has been completed and signed by the multi-disciplinary team.

The inspectors were able to view the residents' bedrooms, none of which were locked. Bedroom doors have now been personalised to each resident with signage added to identify bathrooms, toilets and storage doors.

In relation to the Perspex covering of televisions, individualised risk assessments have been completed for each resident and signed by the multi-disciplinary team and this was reported to be subject to regular review.

The environment now has a warm and homely atmosphere. Photographs were on display of residents' parties in addition to soft furnishings.

## **Quality Improvement Plan**

The findings of this inspection were discussed with Ms Susan Mc Bride as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Laura O'Hanlon**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



No requirements or recommendations resulted from the **secondary unannounced inspection** of **Mulhern Close Residential Home** which was undertaken on **23 December 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk):

**SIGNED:** Peter McBride

**NAME:** Peter McBride  
**Registered Provider**

**DATE** 10.02.15

**SIGNED:** Susan McBride

**NAME:** Susan McBride  
**Registered Manager**

**DATE** 10.02.15

Approved by:	Date
Laura O'Hanlon	11 February 2015