

Unannounced Care Inspection Report

31 May 2016



Mulhern Close

Address: 58 Coolnagard Avenue, Omagh, BT78 1GA

Tel No: 02882250382

Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mulhern Close took place on 31 May 2016 from 10.30 to 16.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A recommendation was made to ensure that needs assessments are reviewed and updated on an annual basis or more often if necessary.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Kerri Gregg, registered manager and Elaine Heslip, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 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	Date manager registered: 3 August 2015
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 12
Number of residents accommodated on day of inspection: 11	Weekly tariff at time of inspection: £1711.00 - £3206.00

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with ten residents, two visiting professionals, one member of the domestic staff, one member of the catering staff, five support workers, the deputy manager and the registered manager.

Two resident views, five representative views and ten staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 30 May 2016
- Supervision and appraisal schedules
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Policies in the home
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 May 2016

The most recent inspection of Mulhern Close was an announced estates inspection. This report is in the process of completion.

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 30 (1) (f) Stated: First time To be completed by: 15 December 2015	The registered person must ensure that RQIA are informed of any accident or incident which occurs in the home.	Met
	Action taken as confirmed during the inspection: A review of the accidents and incident records confirmed that these were appropriately reported to RQIA.	
Requirement 2 Ref: Regulation 27 (4) (e) Stated: First time To be completed by: 31 January 2015	The registered person must ensure that fire safety training is undertaken twice yearly by all staff members working in the home.	Met
	Action taken as confirmed during the inspection: A review of the mandatory training records confirmed that fire safety training was undertaken twice yearly by all staff members working in the home.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 25.1 Stated: First time To be Completed by: 31 January 2016	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.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a review of staffing levels was undertaken in Bungalow C. This has resulted in increased staffing within this unit. This was verified by staff members who commented positively upon this.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. The staff commented positively on the increased staffing levels in the home.

On the day of inspection the following staff were on duty – the deputy manager, one team leader, eight support workers, one cook, one member of the domestic staff and an administrative assistant. The registered manager came on duty for the duration of the inspection.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed. This was completed on 19 May 2016 and the registered manager confirmed these were reviewed annually.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that these records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established a safeguarding champion.

On arrival to the home, there were notice boards displaying information to raise awareness of adult safeguarding. Information on display included the procedure for reporting concerns, a pledge from a resident, a pledge from relatives and a leaflet on abuse. In addition to this pledges made by staff to highlight their commitment to adult safeguarding were hanging from an artificial tree beside the notice boards. This is to be commended.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Further adult safeguarding training is scheduled for 15 June and 21 June 2016. The registered manager also confirmed that training on professional boundaries is planned for 28 June and 19 July 2016.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met.

Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Risk assessments were comprehensive and were reviewed and updated on a regular basis or as changes occurred. Needs assessments were not regularly updated. A recommendation was made to ensure that needs assessments were reviewed and updated on an annual basis or more often if necessary.

The registered manager confirmed that areas of restrictive practice were employed within the home notably keypad entry systems to the home, use of perspex screens in front of televisions, locked kitchen areas, pressure alarm mats and alarmed bedroom and bathroom areas at night. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Comprehensive care plans were in residents care records to describe the individual restrictions in place. Such care plans were in agreement with the Trust.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons were informed. A general inspection of the home was undertaken to examine a number of residents' bedrooms, en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The registered manager reported that she has plans in place to develop a new sensory garden for the residents. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 14 April 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually.

Fire drills were completed on 19 March 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified. A recommendation was made to ensure that needs assessments are reviewed and updated on an annual basis or more often if necessary.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. A record of contact with resident representatives was maintained and was available for inspection. This record reflected good levels of communication with family members. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. A clinical visit record was maintained which reflects all contacts with the multi-disciplinary team. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Daily audits were completed of kitchen areas, environment and restrictive practices. Weekly audits were completed on medication, finances, complaints and accident and incidents. Care records were audited monthly by the registered manger.

Such audits were available for inspection and evidenced that actions identified for improvement were incorporated into practice. A service improvement plan was implemented to identify improvement actions and their implementation into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included Pre-admission information, multi-professional team reviews, monthly residents meetings, monthly staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and staff meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of care records and discussion with the registered manager confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Two of the residents attend their place of worship while local clergy visit other residents in the home. A review of the care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

A review of care records and discussion with the registered manager confirmed that consent was sought in relation to care and treatment. Examples of consent were contained in care records.

Observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of residents went on an outing while others were completing arts and crafts in the activity room. iPad's were used in the home. One resident was encouraged to pick new clothing using the iPad.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. One staff member commented:
 "All of the residents needs are met to the best of everyone's ability. We are always striving for the betterment of the residents. If something isn't working, action is taken to address this."

Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. The registered manager was advised that examples of such formats should be displayed throughout the home.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. One comment made was:
 "Every support worker strives to give each service user the best care possible and that's achieved here in Mulhern Close."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of posters on the notice board. Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was completed monthly and used to identify trends.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A record of staff debriefing was retained on file following an incident. A monthly audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and a service improvement plan developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Two staff members had recently applied to undertake the QCF Level five and if successful, they will be supported by the organisation to complete this course. Two staff members are in the process of completing the QCF Level three supported by the organisation. The deputy manager has successfully completed the TEACH programme. The organisation also completes a 'Nurturing talent' programme to build upon the existing talents and skills of staff.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Kerri Gregg, registered manager and Elaine Heslip, deputy manager, as part of the inspection process. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 5.5

Stated: First time

To be completed by:
30 June 2016

The registered person should ensure that needs assessments are reviewed and updated on an annual basis or more often if necessary.

Response by registered person detailing the actions taken:

The needs assessments for each resident within Mulhern Close have been reviewed with the Trust representative, and where possible with input from the Resident, on 20th June 2016. The needs assessments will be reviewed at each care management review and / or more frequently if required.

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



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