

**Unannounced Care Inspection
of
Mulhern Close**

30 July 2015

1. Summary of Inspection

An unannounced care inspection took place on 30 July 2015 from 10.20 to 16.40. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	0	0

This inspection resulted in no requirements and or recommendations being made. Findings of the inspection can be found in the main body of the report.

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: Kerri Gregg	Date Manager Registered: Registration pending
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 assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last care inspection and notifications of incidents and accidents.

We met with 10 residents, one visiting professional, three support workers, the activities coordinator, one team leader, two members of ancillary support services and the acting manager. An Assistant Director from Inspire Wellbeing Ltd was present for the duration of the inspection and for feedback at the conclusion.

We inspected the following records: four care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to dying and death and continence management.

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 23 December 2014. No QIP was issued at this inspection as no requirements or recommendations were made at this inspection.

Review of Requirements and Recommendations from the last Care Inspection

No recommendations or requirements were made at the last inspection.

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The acting manager confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this. In our discussion with the acting manager it was reported to us that this is an area of care which the home has not directly experienced.

The home had a spiritual ethos. It was noted within care records where residents regularly attended church services.

In our discussions with the acting manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so if the resident wishes.

The acting manager confirmed to us that following a death, the body of the deceased resident would be handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on dealing with the event of a death.

The acting manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

The acting manager confirmed that 11 care staff had undertaken training in this area of care. The acting manager advised that this training will be implemented for all care staff in the home.

We noted that detailed care plans were in place in regard to death and dying. In addition to this, care records also contained a document named 'my plans and wishes when I die' for each resident. This document was discussed during care management reviews.

This document detailed the wishes of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. This document was signed by the resident and/or their representative. This practice is to be commended.

Is Care Compassionate? (Quality of Care)

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We reviewed four care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed regularly to reflect the changing needs of the resident. A specific care plan was in place for those residents with continence needs. Care plans were appropriately signed.

We spoke with staff members and they were able to describe the system of referral to continence services for specialist continence assessment.

The acting manager confirmed to us that training in continence promotion was completed by nine staff members. The acting manager advised that this training will be implemented for all care staff in the home. In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels. Gloves, aprons and hand washing dispensers were also available.

Is Care Effective? (Quality of Management)

We found that the home had a policy in place on promotion of continence.

Staff were able to verify to us that any issues of assessed need are reported to continence services for advice and guidance. Continence assessments were in place.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our observations of residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1 Residents Views

We met with ten residents. We observed residents relaxing in the communal lounge area. Residents were involved in a range of activities. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. The residents were well dressed with attention given to personal detail.

5.3.2 Staff Views

We spoke with seven staff members individually, in addition to the deputy and the acting manager. Staff advised us that they felt well 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 advised us that there have been significant improvements in Mulhern Close since the appointments of the cook and the domestic staff. This has increased the individual time spent with residents. Some comments made by staff were:

- “I am really glad to work here; the management and staff are friendly. I enjoy my work and it is interesting”
- “The environment is homely. I treat the residents like my own”
- “Working here is excellent and the care provided to the residents is excellent”
- “Mulhern Close has a positive atmosphere. The organisation has a good ethos. The staff are working as a team. The management are approachable in dealing with issues, if any changes occur this is communicated to staff”
- “All the residents are treated in a respectful and dignified manner, everything is person centred for the residents”

Ten staff questionnaires were distributed and returned at the end of the inspection. Nine questionnaires were all positive.

One returned questionnaire highlighted issues. These were discussed with the deputy manager following the inspection. The deputy manager advised us that they were already aware of the issues and have provided support to this individual worker. The deputy manager agreed to address the issues with the assistant director as the acting manager is on leave.

5.3.3 Views of Visiting Professional

We spoke with one visiting professional. She commented on the steady improvements being made within Mulhern Close. She advised us that the staff attitude is more positive and committed. Communication and reporting of issues had also improved.

5.3.4 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.

5.3.5 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. We observed residents to be well dressed.

5.3.6 Accidents / Incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.3.7 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 could confirm that fire safety training was currently up to date for all staff. The acting manager confirmed that a fire drill took place on 7 March 2015.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.3.8 Complaints /Compliments records

Following an inspection of complaint records and in our discussion with the acting manager we confirmed that complaints had been managed appropriately.

Areas for Improvement


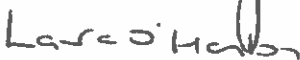
There were no areas of improvement identified within these additional areas inspected.

Number of Requirements	0	Number Recommendations:	0
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Quality Improvement Plan

Statutory Requirements

Requirement 1	The registered person must ensure that an annual quality monitoring report is undertaken no less than annually. The registered person must complete the annual quality report for 2014-15.		
Ref: Regulation 17 (1)			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 12 October 2015	The Registered Person will ensure the annual quality monitoring report will be completed by 12 October 2015.		

Registered Manager Completing QIP	Margaret Dolan	Date Completed	28/08/15
Registered Person Approving QIP		Date Approved	9.9.15
RQIA Inspector Assessing Response		Date Approved	21.9.15

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

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.