

Inspection Report

Name of Service: Mulhern Close Residential Home
Provider: Inspire Wellbeing
Date of Inspection: 15 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Inspire Wellbeing
Responsible Individual:	Ms Kerry Anthony
Registered Manager:	Ms Michelle Agnew
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 12 residents, within the learning disability categories of care.</p> <p>Accommodation is over three units known as Bellflower, Camellia and Dahlia units. Each unit has four ensuite bedrooms, a kitchen, two lounges and a main bathroom.</p> <p>Residents have access to the main administration unit which also has a multi-sensory room and a large communal lounge, which can host group events and activities. Residents have also access to a secure garden and outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2025, from 9.40am to 3.20pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 11 June 2024 and to determine if the home is delivering safe, effective, compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and staff were knowledgeable and well trained to deliver safe and effective care. Residents were observed to be comfortable and at ease in their interactions with staff and their surroundings.

As a result of this inspection all of the previous areas for improvement were assessed as having being addressed by the provider. One new area of improvement has been identified in respect of the most recent fire safety risk assessment. Details of this can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents appeared comfortable, content and at ease in their interactions with staff and their surroundings.

Two visiting relatives said that they were very happy with the care provided for in the home and that staff were kind and caring.

Staff spoke positively about their roles and duties, the provision of care, teamwork, training and managerial support.

Feedback from one resident / representative questionnaire was all positive.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and supervision and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

An effective system was in place to ensure staff had up-to-date registration with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Care records were maintained which accurately reflected the needs of the residents.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia. Discussions with staff confirmed knowledge and understanding for residents with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these. Staff were able to describe how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents to manage this aspect of care.

The importance of engaging with residents was well understood by the manager and staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to relax.

3.3.3 Management of Care Records

Residents' care records were maintained in a confidential safe manner.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. There was good evidence of consultation with the aligned Health & Social Care Trust with the development of care plans and review of accidents and incidents.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were well maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was completed on 9 October 2024. There were four recommendations made from this assessment. An area of improvement was made to submit a time bound action plan in respect of these four recommendations on how these will be addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

3.3.5 Quality of Management Systems

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named workers and to RQIA.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and care records.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by residents, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Ms Michelle Agnew, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2025</p>	<p>The registered person must submit a time bound action plan detailing how the four recommendations from the fire safety risk assesment, dated 9 October 2024, will be addressed.</p> <p>Response by registered person detailing the actions taken:</p> <p>1. Action required by Fire risk assesment - Mulhern need to maintain the corridor area outside of the bedrooms clear of obstructions and storage items-</p> <p>1 - Resolution - this has been completed no items are left in the corridors- or hallways and they are clear from obstruction at all times.</p> <p>1 - continued - Remove all items in close proximity to the plant in the externally accessed store in Block A and also adjacent to the electrical main boards in Block A.-</p> <p>1 - Resolution - The store in Block A has been cleared of all items and the electrical panels at Block A are free to access these actions are completed.</p> <p>2.</p> <p>General- Action required by fire risk assessment - Mulhern must ensure all stores should be maintained in the locked position.</p> <p>2 - Resolution - All doors that require to be locked have a locked sticker on them to alert staff and esnure they remain locked. This is detailed on the restrictive practice register.</p>

2 -Block A-Cross Corridor doors- Realign doors and repair the gap at the meeting Stiles-

Resolution: New doors scheduled to be fitted; please see plan of works scheduled below

2. Block A-Activity room-Ease door to close fully -

Resolution: Works Completed Door now closes fully

2.Block B

Block B-Main Lounge door-Ease door to fully close -

Resolution : Works Completed Door now closes fully

2. Block B-Cross Corridor Doors-Realign doors and repair the gap at the meeting stiles. -

Resolution : New doors scheduled to be fitted; please see plan of works scheduled below

2. Block B-The following doors are warped and should be replaced with FD30S: Bedroom 3 and bedroo 4. -

Resolution : New doors scheduled to be fitted; please see plan of works scheduled below.

2.Block C

2. Block C-The following doors are warped and should be replaced with FD30S: Main Lounge door, second lounge door, kitchen and bedroom 4.-

Resolution: New doors scheduled to be fitted, please see plan of works scheduled below.

2. Block C-Cross corridor doors and elctrical cupboard-Repair gap at the meeting stiles-

Resolution: New doors scheduled to be fitted, please see plan of works scheduled below.

2. Block C-Remove the chairs blocking the exit in Block C-

Resolution: Completed-Chairs have been removed from the exit in Block C

Block D:

2. Block D-Realign cross corridor doors to fully close-

	<p>Resolution: New doors scheduled to be fitted, please see plan of works schedule below.</p> <p>2. Block D-Main lounge door-Ease door to close fully-</p> <p>Resolution: Works Completed door now fully closes.</p> <p>2. Block D-Second Lounge door-Ease door to close fully-</p> <p>Resolution: Works Completed, door now fully closes</p> <p>2. Block D-Kitchen Door is warped-</p> <p>Resolution: New doors scheduled to be fitted, please see plan of works scheduled below.</p> <p>Fire Door Replacements: All fire doors needing replaced were measured on the 22.4.25 by a sub-contractor of EQUANS employed by CHOICE Housing. All doors have been ordered (w/c 28.4.25) which takes 6-8 weeks for these to be made (between w/c 2nd June-20th June). Following delivery- a further 4 weeks for fitting (potential w/c 23rd June -18th July. EQUANS cannot give secure dates until doors have been delivered to their depot).</p> <p>3. Block A + B Replace Missing Fire action notices beside the manual call points-</p> <p>Resolution: Fire action notices replaced on all points required, action completed.</p> <p>4. Matrix of Responsibilities is required for these premises-</p> <p>Resolution: Matrix is present in the fire file, action completed.</p>
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