

Inspection Report

11 June 2024



Mulhern Close Residential Home

Type of service: Residential
Address: 58 Coolnagard Avenue, Omagh, BT78 1GA
Telephone number: 028 8224 5208

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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	Registered Manager: Ms Michelle Agnew
Responsible Individual: Ms Kerry Anthony	Date registered: 28 April 2023
Person in charge at the time of inspection: Ms Michelle Agnew	Number of registered places: 12
Categories of Care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 12 residents. The home is divided in three bungalows known as Bellflower, Camelia and Dahlia. Each bungalow has four ensuite bedrooms and shared communal lounges and a dining room. An additional bungalow has administration offices and day care facilities for the residents. There is also a well-appointed enclosed garden for all the bungalows.	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2024, from 9.15am to 2.40pm. The inspection was conducted by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All previous areas of improvement were met.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke positively on their views on the provision of care, training, teamwork, morale and managerial support.

There was a nice ambience and atmosphere in the home.

Three areas requiring improvement were identified during this inspection. These were in relation to staff training in distressed behaviours, personalisation of the environment and response to a recommendation from the most recent fire safety risk assessment.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke in positive terms about their roles and duties, saying that they felt the standard of care provided for was very good. Staff said there was good morale, team working, training and managerial support.

Two visiting relatives praised the home for the provision of care, with one relative saying; "Everything is 100%".

Feedback from resident and staff questionnaires was all positive.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 5 April 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) (d) Stated: First time	The registered person shall ensure that the home is decorated to an acceptable standard. With specific reference to the communal areas within the home.	Met
	Action taken as confirmed during the inspection: This programme of redecoration has been completed throughout the home.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety	Met
	Action taken as confirmed during the inspection: This has been met with no additional areas of hazard or risk identified.	
Area for Improvement 3 Ref: Regulation 29 Stated: Second time	The registered person shall ensure that in accordance to Regulation 29 an unannounced visit is completed on a monthly basis and that the report of these visits is maintained within the home.	Met
	Action taken as confirmed during the inspection: These reports were appropriately maintained.	
Area for Improvement 4 Ref: Regulation 27 (4) (a) (b) Stated: First time	The registered person shall ensure that the wooden panel to the identified door is replaced with a suitable glass panel.	Met
	Action taken as confirmed during the inspection: This has been met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.	Met
	Action taken as confirmed during the inspection: A recruitment checklist is issued to the Manager who signs its approval accordingly.	
Area for Improvement 2 Ref: Standard 12.1 Stated: First time	The registered person shall ensure that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents or guidance provided by dieticians and other professionals and disciplines.	Met
	Action taken as confirmed during the inspection: This has been met.	
Area for improvement 3 Ref: Standard 29.6 Stated: First time	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year	Met
	Action taken as confirmed during the inspection: This has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two recently appointed staff members' recruitment checklist records confirmed there was a robust system in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the staff member in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited by the home's human resource department on a monthly basis. Discussions with the Manager and review of these records found that staff were appropriately registered.

A scheduled of staff supervision and appraisal was in place.

Staff said there was good team work and that they felt well supported in their role. Some staff said that they could be improved communication between staff and management with changes to residents' care and schedules. This was raised with the Manager who agreed to take this forward.

It was noted at the time of this inspection that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. An area of improvement was made for all care staff to receive up-to-date training in managing distressed or challenging behaviours. Staff spoke positively on their training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

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 held safely and securely.

Care records were maintained which reflected the needs of the residents. The records contained; a contact profile, "All about me" assessment, core needs assessment, a hospital passport, BSP – Use of Teach, SALT assessment, activities of daily living and care plans and risk assessments.

The Manager undertakes a pre-admission assessment to all potential residents to determine whether the home can meet these assessed needs. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dinner time meal was attractively presented, with good provision of choice and portions were generous.

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 dysphasia.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a subsequent recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A preparation record for the meeting is completed by the home. This record was completed in excellent detail with good evidence of resident consultation.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy, with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Overall there was a lack of personalisation and homely touches in the finished décor of the home. The Manager said that plans were being put in place following the extensive programme of redecoration to address this issue. An area of improvement was made in this regard.

Bathrooms and toilets were clean and hygienic. Shower screens were being sourced to replace the previous ones.

Cleaning chemicals were stored safely and securely.

The grounds of the home were well maintained with good accessibility for residents to avail of.

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 dated 20 October 2023 had corresponding evidence recorded of the actions taken in response all but one of the recommendations made as a result of it. One recommendation remained outstanding and an area of improvement was made in respect of this.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures.

5.2.4 Quality of Life for Residents

Observations of care practices confirmed that residents were able to choose how they spent their day.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

A number of residents were out with staff on bus trips to the town during this inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms. Michelle Agnew is the Registered Manager of the home. 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. These systems include the management of incidents and distressed behaviours, which is done in consultation with the aligned Health & Social Care Trust. 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.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the resident's next of kin and their aligned named worker. The Manager explained that a monthly synopsis of accidents and incidents with a breakdown of trends and pattern is sent to the aligned Health & Social Care Trust for oversight.

Discussions with the Manager confirmed that expressions of dissatisfaction were taken serious and managed appropriately.

There was a system of audits and quality assurance in place. These audits were maintained on an up-to-date basis and included audits of; care records, infection prevention and control and the environment.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in good detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Michelle Agnew, the 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	
Area for improvement 1 Ref: Regulation 20(1)(c) (l) Stated: First time To be completed by: 11 August 2024	The registered person must ensure all care staff are in receipt of up-to-date training in managing distressed or challenging behaviours. Ref: 5.2.1 Response by registered person detailing the actions taken: Safety intervention training is provided annually for all support staff. All outstanding training has been rescheduled with dates agreed as follows: 08th, 09th, 10th July 22nd, 23rd, 24th July Additional session October 2024, dates to be confirmed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard N14 Stated: First time To be completed by: 11 August 2024	The registered person shall review and put in place décor that promotes personalisation and homeliness in the environment. Ref: 5.2.3 Response by registered person detailing the actions taken: There is a décor and design plan and strategy in place. This will be reviewed monthly by the Registered Manager and Leadership team until completion in August 2024.

<p>Area for improvement 2</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2024</p>	<p>The registered person shall submit a time bound action plan detailing how the one outstanding recommendation from the fire safety risk assessment, dated 20 October 2023, will be dealt with.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The fire alarm was tested from a call point in Blocks A,C and D. This registered on the main panel, sounding the panel alarm and indicating the location of actuation on the panel. The alarm sounders in the unit tested actuated and could be heard throughout the other units. The testing also alerted the staff through the “Turnstall” alert system. Staff were contacted by their phones. There is always a member of staff present in any units with residents. At night, if residents are present in a unit, a non-sleeping member of staff is also resident. In the event of fire alarm actuation, the staff member in the unit involved evacuates the residents. An additional member of staff, is on duty in Block A, and also responds. In the event of fire NIFRS are contacted by the staff on duty. In the event of failure of the Turnstall system a member of staff will contact NIFRS. The procedures in place comply with NFCC Specialised Housing Guidance, HTM-84 and Unwanted Fire Signals guidance and the fire alarm complies with BS5839 -1 and 6.”</p> <p>A reassessment was completed by the housing association provider on 18th July 2024, which determined the action was no longer required. It provided minor clarity that the fire alarm sounds throughout the site and through Tunstall system alerting staff to their phones.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care