



Unannounced Care Inspection Report 14 January 2019



Mahon Hall

Type of Service: Nursing Home
Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF
Tel No: 028 3835 0981
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 44 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Cheryl King
Person in charge at the time of inspection: Andrea Smith (Nurse in Charge)	Date manager registered: 22 September 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 44 Category NH-PH for 1 identified individual only. There shall be a maximum of 3 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 14 January 2019 from 09.50 to 16.50 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Mahon Hall which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to risk assessment, accident records, safeguarding, the home's general environment, governance arrangements and quality improvement. Further good practice was found in relation to the delivery of compassionate care and in maintaining good working relationships.

An area for improvement was identified under regulation in relation to adherence to Control of Substances Hazardous to Health (COSHH) legislation. An area for improvement under regulation in relation to adherence to patients' dietary requirements has been stated for a second time. Areas for improvement were identified under standards in relation to the management of choking and the thickening of fluids.

Patients described living in the home in positive terms. Patients' comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	2

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Smith, nurse in charge, as part of the inspection process. Details of the QIP were also discussed Cheryl King, registered manager, on 15 January 2019 via telephone. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 16 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 16 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 patients, 11 staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 7 January 2019
- staff training records
- incident and accident records
- three patient care records
- three patients’ daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the nurse in charge at the conclusion of the inspection and to the registered manager the following day.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (5) Stated: First time	The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home’s registration categories.	Met
	Action taken as confirmed during the inspection: Discussion with staff, patients and patients’ representatives confirmed that the appropriate patients and regular visitors to the home were aware of the key code to enter or exit the building.	

Area for improvement 2 Ref: Regulation 12 Stated: First time	The registered person shall ensure that food served in the home meets the assessed dietary requirement for the patient to whom the food is served at all times.	Partially met
	Action taken as confirmed during the inspection: Staff consulted had a good knowledge of patients' dietary requirements. However, a review of an identified patient's nutritional records evidenced that the patient had not been served food in accordance with their nutritional requirements. This area for improvement has been partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time	The registered person shall ensure that the provisions of activities in the home are reviewed to ensure that the patients' needs are met.	Met
	Action taken as confirmed during the inspection: Discussion with patients, staff and the Personal Activities Leader (PAL) and a review of the planned activities programme evidenced that this area for improvement is now met. See section 6.6 for further information.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that a system is evident in the home to ensure that radiator covers are removed on a routine basis and radiators cleaned.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that a system was evident for the regular cleaning of radiators.	

Area for improvement 3 Ref: Standard 44 Stated: First time	The registered person shall ensure that the hand washing facility in the laundry room is maintained clean at all times.	Met
	Action taken as confirmed during the inspection: A review of the hand washing facility confirmed that this had been replaced and had been maintained clean.	
Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall review the effectiveness of the shift handover to ensure that all staff receives all relevant information pertaining to individual patient care.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that all staff received a handover which included relevant information pertaining to individual patient care.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home. Patient dependency levels were monitored monthly in the home to direct staffing arrangements. A review of the staffing rota for week commencing 7 January 2019 evidenced that the planned staffing levels were adhered to. Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Care staff consulted confirmed that staffing levels met the assessed needs of the patients. Registered nurses consulted confirmed that they found their workload 'challenging'. This concern was passed to the registered manager for their review and action as appropriate. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Discussion with staff confirmed that the majority of training provided in the home was through electronic learning (Elearning). Staff spoke negatively in relation to the training provision in the home. Four care staff consulted were not able to describe the appropriate actions to take when a patient was choking. This was discussed with the registered manager and identified as an area for improvement. Choking management was included within Elearning first aid management. The registered manager was requested to review the effectiveness of this training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. A review of one patient's accident records confirmed that detail of the accident and actions taken in response, including timescale, had been recorded accurately, dated and signed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Compliance with infection prevention and control had been well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

During a review of the environment an identified room was observed open with chemicals accessible inside which would be harmful to health if ingested. This was discussed with the registered manager and identified as an area for improvement to ensure that COSHH legislation was adhered to.

Discussion with a patient representative and observation evidenced that a patient's drink had not been thickened appropriately. The practice was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, detail in accident records, safeguarding and the home's general environment.

Areas for improvement

An area for improvement was identified under regulation in relation to adherence to COSHH legislation.

Areas for improvement were identified under standards in relation to the management of choking and the thickening of fluids.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three patients' care records for the management of falls, nutrition and pressure management. A Braden pressure management assessment tool had been recorded and reviewed appropriately on all three patients reviewed. Care plans had been developed to guide care reflective of the patients' assessments and a daily record was maintained to evidence the delivery of care. Falls risk assessments were completed on admission and reviewed monthly. A care plan reflective of the assessment was developed and also reviewed monthly or as required. However, a review of one patient's nutritional care records evidenced that the planned care did not reflect the actual care delivery in respect of nutritional requirements. There was also a deficit of staff's knowledge in respect of this patient's nutritional requirement. This was discussed with the registered manager and an area for improvement in this regard has been stated for the second time.

Supplementary care charts such as food and fluid intake records and bowel management records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. An area for improvement in this regard has now been met. One staff member commented that they would prefer if additional information could be conveyed during the handover in relation to new admissions to the home. The staff member's comments were passed to the registered manager for their review and action as appropriate.

We discussed the effectiveness of teamwork in the home with staff. Generally staff were of the opinion that teamwork was good in the home, though, staff also raised individual concerns in relation to areas where they felt the teamwork could improve. The staff's concerns were passed to the registered manager for their review and action as appropriate. Staff confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were "approachable".

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between staff.

Areas for improvement

An area for improvement made under regulation in relation to compliance with patients' nutritional requirements has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Discussion with the personal activities leader (PAL), patients and staff and a review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Daily activities included crafts, aqua painting, music and pet therapy. Time was also scheduled to facilitate one to one activity such as nail painting, massage, reading magazines and/or general conversation. The PAL discussed several outings that patients had recently attended. There was evidence of entertainers attending the home and the PAL described a partnership initiative with a local school where the children and patients would engage with each other. Records of activity provision and involvement were maintained within patients' care records. One patient commented "I have enjoyed the entertainment here".

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 13:00 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served from a heated trolley and covered when transferred from the dining room. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience and spoke positively on the quality of the food.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"I could always go home knowing she was safe and being looked after. You have a wonderful team of nurses and carers and all other staff."

“... Thank you for your support and understanding with both our parents ... It is much appreciated. I can't think of a better place for mum and dad to be.”

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Mahon Hall was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments:

“The girls are very helpful and I am comfortable here.”
 “I am quite happy here.”
 “It's great. Everything is going well.”
 “It is very good here and the food is very good.”
 “The staff are very good. They take care of all my needs.”
 “I find the home alright.”
 “It is a very good home. I have enjoyed the entertainment here.”
 “It is very good here. Good food and good staff.”

Two patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned. Some patient representatives' comments were as follows:

“I am here every day and am very happy with the care. All is dead on.”
 “The care here is very good. I am always made to feel welcome. The staff are very pleasant.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 11 staff consulted during the inspection included:

“I love working here.”
 “It's alright here.”
 “It can be very challenging but ok most of the time.”
 “I really really love it here.”
 “It is good. I really do enjoy it here.”
 “It's been fine here. I like it.”
 “I really enjoy it here. It feels like with family.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of compassionate care, dignity and privacy and with activity provision.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the entrance to the home.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and complaints. We reviewed care record audits. Robust measures were in place to ensure that identified shortfalls in care records were action planned and that the identified actions were completed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Smith, nurse in charge, as part of the inspection process. Details of the QIP were also discussed with Cheryl King, registered manager, on 15 January 2019. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that food served in the home meets the assessed dietary requirement for the patient to whom the food is served at all times. Ref: 6.2 and 6.5 Response by registered person detailing the actions taken: Following discussion with the residents Multi Disciplinary Team, the identified individual is receiving their assessed dietary requirements. Management will continue to monitor.
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that chemicals in the home are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health. Ref: 6.4 Response by registered person detailing the actions taken: Supervision has been completed with all staff. Spot checks are being conducted daily by management and the nurse in charge to ensure that the sluice door remains locked at all times.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 15 March 2019	The registered person shall ensure that all staff employed are aware of the correct responses to take when a person is choking. Ref: Section 6.4 Response by registered person detailing the actions taken: Face to face training has commenced with all staff to ensure that they are fully aware of the correct responses to take in the event of a resident choking.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all patients' fluids, required to be thickened for consumption, are thickened with prescribed products only. Ref: 6.4 Response by registered person detailing the actions taken: The identified individual's fluids are now being thickened with the prescribed product and in accordance with the policies and procedures within the Home.

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



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