



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 5 March 2020



Mahon Hall

Type of Service: Residential Care Home
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Inspector: Julie Palmer

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 13 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Zoe Lewis Acting Manager
Person in charge at the time of inspection: Zoe Lewis	Number of registered places: 13
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 13

4.0 Inspection summary

An unannounced care inspection took place on 5 March 2020 from 09.45 hours to 14.50 hours.

Following the last care inspection, carried out on 21 October 2019, RQIA identified concerns regarding staffing levels, notifications made to RQIA and support for the manager in the home. As a result of these findings, Zoe Lewis, Manager, Patricia Greenbanks, Regional Manager, and Louisa Rea, Head of Operational Quality Four Seasons Health Care, were invited to attend an enhanced feedback meeting at the RQIA offices to discuss the inspection findings. The management team provided RQIA with an action plan and assurances that the identified deficits would be appropriately addressed.

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

The following areas were examined during the inspection:

- staffing – including deployment
- training
- environment
- care records
- provision of activities
- governance arrangements

Residents and their representatives said:

- “It’s lovely here.”
- “The people are all very nice.”
- “The girls are great.”

Evidence of good practice was identified in relation to teamwork, maintaining good working relationships, the environment and staff interaction with residents.

An area for improvement in relation to ensuring notifications are appropriately made to RQIA will be stated for the second time.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	0

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Zoe Lewis, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 21 October 2019

As previously discussed in section 4.0 an enhanced feedback meeting and a QIP resulted from the findings of the inspection carried out on 21 October 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the findings from the previous care inspection, registration information and any other written or verbal information received.

During the inspection the inspector met with 13 residents, five staff and two residents' visitors.

The following records were examined during the inspection:

- duty rota for all staff from 24 February to 8 March 2020
- current resident dependency levels
- staff training records
- incident/accident records
- four residents' care records
- a sample of monthly quality monitoring reports
- a sample of governance audits

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure staffing levels are reviewed to ensure there are at all times suitably qualified, competent and experienced persons working in the home in such numbers as are appropriate for the health and welfare of residents.	Met
	Action taken as confirmed during the inspection: Discussion with the manager, review of the current CHES dependency level and review of the duty rota evidenced that dependencies and staffing levels were regularly reviewed to ensure that these were appropriate to maintain the health and welfare of residents in the home.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that the identified infection prevention and control issues had been resolved.	
Area for improvement 3 Ref: Regulation 30 (d) Stated: First time	The registered person shall ensure RQIA is notified of any event in the home which adversely affects the care, health, welfare or safety of any resident.	Not met

	<p>Action taken as confirmed during the inspection: Review of accident/incident records evidenced that RQIA had not been appropriately notified of identified events in the home. This area for improvement had not been met and will be stated for the second time.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall ensure the care records are reviewed and updated for the identified resident.</p> <p>Action taken as confirmed during the inspection: The identified resident is no longer in the home. However, review of care records for other residents evidenced that these had been reviewed and updated to reflect changes in care where required.</p>	Met
<p>Area for Improvement 2 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure a robust system is in place for auditing. Such governance audits shall be completed in accordance with legislative requirements and minimum standards and current best practice.</p> <p>Action taken as confirmed during the inspection: Review of infection prevention and control audits and discussion with the manager evidenced that a robust system was in place to ensure that these were completed on at least a monthly basis and identified deficits to ensure action was taken to resolve.</p>	

6.2 Inspection findings

Staffing

Staff spoken with told us that staffing levels were satisfactory during the day but could be better at night, although they themselves did not do night duty shifts. Staff also commented that teamwork was good, the manager was approachable and they felt listened to. Comments included:

- “We help each other out.”
- “Teamwork is good in this unit.”
- “Night staff find it tough.”

We discussed these comments with the manager who told us that resident dependencies were regularly reviewed using the CHES model and that staffing levels were appropriate according to the current dependencies. We observed that residents' needs were met in a timely manner. Review of the current CHES dependency and duty rotas evidenced that regular review was undertaken to ensure residents' needs were met and that staffing levels met the current assessed need; this area for improvement had been met.

The manager told us that if a resident's needs increased referral would be made to relevant members of the multi-disciplinary team, for example, the general practitioner (GP) or physiotherapist, in order to ensure that the resident was assessed and provided with the appropriate care and treatment as quickly as possible.

We also sought staff opinion on staffing via the online survey; no responses were received.

Residents and their visitors spoken with during the inspection told us they were satisfied with staffing levels. We also sought the opinion of residents and their visitors on staffing levels via questionnaires. One response was received from a relative which indicated that they were satisfied care was effective, compassionate and well led but in their opinion more staff were required. These comments were brought to the attention of the manager for information and action as required.

Training

Discussion with staff evidenced that they had not received training in deprivation of liberty safeguards (DoLS). We discussed the need for all staff to receive the appropriate level of training in this area with the manager who assured us that action would be taken to ensure staff were facilitated to complete the required training. Training in this area and staff awareness of DoLS will be reviewed at the next care inspection.

Environment

We reviewed the home's environment and found that it was warm, clean, tidy and fresh smelling throughout. Infection prevention and control (IPC) deficits identified at the last inspection had been resolved; this area for improvement had been met.

Residents' bedrooms were personalised and attractively decorated. Corridors and fire exits were free from obstruction. The lounge area was light and bright. Residents were observed to be comfortable in their surroundings. Appropriate signage was in use to help orientate residents and there were attractive pictures on display throughout the home.

Residents and their visitors commented positively about the environment; they told us:

- "It's always lovely and clean in here."
- "My room is lovely."

Domestic staff spoken with told us that "we have been working really hard to get everything right".

The manager told us that new armchairs and radiator covers had been ordered and that redecoration was ongoing in the home.

Care records

Ensuring the care records for an identified resident were reviewed and updated was an area for improvement. However, this identified resident was no longer in the home. We therefore reviewed the care records for four current residents and evidenced that the relevant care plans and risk assessments had been reviewed and updated to reflect changes in care where required, for example when recommendations had been made by the GP or speech and language therapist (SALT). We were satisfied that this area for improvement had been met.

We observed that daily records were up to date and reflective of care recommended in the individual resident's care plans. However, up to date evaluations of risk assessments and care plans had not been completed in all of the records reviewed even though a monthly schedule of review was in place in the home. A care record audit was also completed on a monthly basis but we observed that this did not include an action plan. We brought this to the attention of the manager who assured us that the audit documentation would be reviewed in order that deficits could be actioned. Following the inspection the manager confirmed that the relevant evaluations had been completed and that the audit documentation had been reviewed to include an action plan.

Provision of activities

During the inspection we observed that staff took time to chat to residents and to provide them with opportunities to join in activities. For example, staff engaged with residents in the lounge and invited them to take part in a 'names beginning with' game which they all appeared to enjoy. Other activities on offer included music, 'chats and banter', arts and crafts and manicures for the ladies.

Residents were observed to be comfortable in their environment; the atmosphere was relaxed and friendly. Staff obviously knew the residents very well. A visitor told us that "you can hear the craic when you come in".

Governance arrangements

Review of accident/incident records evidenced that RQIA had not been appropriately notified of identified events in the home. We discussed this with the manager, reiterated which events should be notified to RQIA and stressed that these should be completed in a timely manner. The manager ensured that the notifications were submitted retrospectively, however, this area for improvement had not been met and will be stated for the second time.

Review of IPC audits and discussion with the manager evidenced that a robust system was in place to ensure that these were completed on at least a monthly basis and identified deficits to ensure action was taken to resolve; this area for improvement had been met.

Areas for improvement

No additional 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 Zoe Lewis, manager, as part of the inspection process. 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (d)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure RQIA is notified of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.1 & 6.2</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has revisited the scope of notification with Senior Care staff under supervision. Registered Manager will use 24hr shift report and datix system to monitor events that needs reported to RQIA</p>

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



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