

Inspection Report

12 April 2024



Mahon Hall

Type of service: Residential Care Home
Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Ann's Care Homes	Registered Manager: Ms Zoe Lewis
Responsible Individual: Mrs Charmaine Hamilton	Date registered: 23 February 2021
Person in charge at the time of inspection: Ms Zoe Lewis	Number of registered places: 13
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 11
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 13 residents who have a dementia. Residents have access to communal lounge and dining areas. The residential home is situated on the first floor of Mahon Hall. There is a nursing home which occupies the ground and part of the first floor within Mahon Hall and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 12 April 2024 from 9.25am to 4.00pm by a care inspector.

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

Residents were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from residents and staff are included in the main body of this report.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

Two areas requiring improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the manager 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.

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 residents, relatives, staff or the commissioning Trust.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with residents and staff. Residents told us that they were happy living in the home and were offered choice in how they spent their day. Staff told us that they worked well together and enjoyed engaging with the residents. Staff also confirmed that there were good working relationships between staff and the home's management team.

There were no questionnaire responses received from residents or relatives and we received no feedback from the online staff survey.

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 16 th May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that regular high dusting is included within the home’s cleaning schedules and monitored during the home’s environmental audits.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A comprehensive pre-determined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All staff, including agency staff on their first shift, completed an induction to the home. However, it was identified that some staff received an induction in the adjoining nursing home then worked in the residential home. This was discussed with the manager and an area for improvement was identified to review the induction processes within the residential care home.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training was completed face to face and electronically. Training topics included dementia awareness, adult safeguarding, deprivation of liberty and equality and diversity. A system was in place to ensure staff completed their training.

In addition to the training, staff also completed competencies on a range of topics, such as, taking charge of the home, medicines management, administration of topical preparations, management of thickening agents, and witnessing controlled drug checks. A tracker was in place to ensure that staffs’ competencies remained up to date.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics.

Checks were made to ensure that care staff applied for and maintained their registrations with the Northern Ireland Social Care Council (NISCC).

Discussion with staff and a review of residents' care records did identify a concern with the staffing levels; especially during the night shift. This was discussed with the manager and immediate actions were taken to ensure safe staffing levels. An area for improvement was identified to ensure that staffing levels were continuously reviewed in the home to make sure that, at all times, there are sufficient levels of staff on duty to meet the needs of the residents.

Staff were complimentary of the teamwork in the home. One told us, "We know our residents well and our residents know us". Another commented, "We all work well together". Staff were observed to work well and communicate well with one another during the inspection. Care was delivered in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. 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. All staff received a handover at the commencement of their shift to keep them informed of any changes to the care needs of residents.

Risk assessments and care plans were reviewed regularly to ensure that they remained relevant and reflective of actual care needs. Residents' care records were held confidentially.

There were no bedrails in use in the home. Where an alarm mat was in use, there was evidence that consent had been obtained and a care plan was in place to direct the use of the mat.

Supplementary care records were completed to evidence the care given to residents. These records confirmed residents' food and fluid intake, when they were checked and the personal care that was given to them.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. In addition, falls in the home were audited to ensure that the correct actions were taken following a fall; the correct documentation completed and/or updated and the correct people notified.

The menu offered a good range and variety of foods. Residents had a choice of meals at mealtimes. There were menus on tables and a pictorial book to assist residents with their choices. Residents could take their meals in their preferred room; the dining room, lounge or their bedroom. Food served appeared appetising and nutritious. Portion sizes were appropriate for the residents to whom the food was served. Staff served food from a heated trolley and were seen to encourage residents with their meals. Residents had access to food and fluids throughout the day.

It was observed that staff provided care in a caring and compassionate manner. It was clear through resident and staff interactions that they knew one another well and were comfortable in each other's company.

5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Residents' bedrooms were personalised with items important to them. Bedrooms were suitably furnished and decorated. Appropriate doors leading to rooms which contained hazards to residents had been locked. The home was warm, clean and comfortable. New heaters had recently been installed in the unit. There were no malodours detected in the home.

It was evident that fire safety was important in the home. Staff had received training in fire safety and fire safety checks, including fire door checks and fire alarm checks, were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should residents have to be evacuated. Fire extinguishers were easily accessible. Staff had managed a recent fire in the home very well.

Infection prevention and control audits were conducted monthly. In addition, separate commode audits and mattress/cushion audits were also conducted. There were records of daily decontamination of equipment. Schedules were in place for day and night staff identifying decontamination tasks and who was responsible. Audits were also completed on staffs' practice of hand hygiene and the use of personal protective equipment. Good compliance on infection control practices were observed during the inspection.

5.2.4 Quality of Life for Residents

There were two activity therapists employed to assist with the provision of activities. Care staff also engaged in activities with residents. Activities included music, bingo, beauty care, arts and crafts, pet therapy, armchair yoga and exercises. Residents were taken out for walks around the home or to places of interest, such as, the park, library, café or to the local football club to watch a match. Activities were conducted on a group basis or on a one to one basis where this was preferred.

Each resident had their own activity care plan highlighting their interests and hobbies and capacity for participation. Individual records of activity provision were maintained. Residents told us that they enjoyed engaging in activities and that these were carried out regularly.

A monthly newsletter was published and shared with residents/relatives advertising upcoming activities or invited entertainers. A private Facebook page was updated for residents, relatives and staff to view pictures of activities and birthday celebrations. Each resident had their own photo album with pictures which they could share with their visitors.

Residents had attended a recent residents' meeting. Minutes of the meeting were drafted to evidence the discussions had and any comments or decisions made. There was evidence of actions taken by the manager in response to residents' comments.

A recent residents' satisfaction survey had been completed; the results of which were displayed on a noticeboard in the communal corridor. The manager evidenced the actions taken in response to the survey displaying what the residents said and what the management team did in response.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Residents were free to leave the home with family members if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Zoe Lewis has been the Registered Manager of the home since 23 February 2021. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff told us that they found the manager and management team to be 'approachable'.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to residents. Audits were conducted on, for example, residents' care records, restrictive practice, medicines management, staff registrations, staff training and the environment. The Annual Quality Report for 2023 was available for residents and their visitors to read.

The home was visited each month by a representative of the registered provider 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 and completed reports were available for review by residents, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The manager detailed the actions they had taken in response to the action plan. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A complaint's file was maintained and complaints records were reviewed monthly for any learning. The number of complaints made to the home was low. A compliment's log was completed and compliments received were shared with the staff.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Zoe Lewis, 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 20 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2024</p>	<p>The registered person shall continuously review the staffing levels in the home to ensure that, at all times, there are sufficient levels of staff on duty to meet the needs of the residents.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person does review staffing levels and for the identified Residents that required assistance of two staff, frequent communication had commenced pre inspection to have category of care changed. Their transfer to Nursing had not completed due to a lack of identified category of care beds in the Trust area. This has been fully completed 24.5.24.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 12 May 2024</p>	<p>The registered person shall review the induction processes in the home to ensure that newly employed staff are inducted appropriately into the residential care home.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Previously newly employed staff may have been required to work across both homes registrations and this was not previously requested as requiring separate inductions. However, going forward the Registered Person will ensure all newly employed staff are inducted to both homes registration.</p>

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