

Inspection Report

16 May 2023



Mahon Hall

Type of service: Residential Care Home
Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF
Telephone number: 028 3835 0981

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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 Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Ms Zoe Lewis 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: 10
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 16 May 2023 from 9.35am to 5.00pm by a care inspector.

The inspection sought to determine 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 on living in the home. Comments received from residents and staff members are included in the main body of this report.

There was sufficient staff available to provide care and staff members engaged well with residents in a caring and compassionate manner. There was a good working relationship between staff and management.

One area for improvement was identified in relation to the lack of high dusting within some bedrooms.

RQIA was assured that the delivery of care and service provided in Mahon Hall Residential Care Home was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the manager and 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.

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 registered manager and regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with residents, staff and a visiting professional. Residents told us that they were happy living in the home and spoke positively on their engagements with the staff and with the food provision in the home. Staff members were confident that they worked well together and confirmed that they enjoyed working in the home and interacting with the residents. The visiting professional spoke positively on their engagements with the staff in the home and confirmed that the staff communicate well and follow any instructions left well.

There were six questionnaire responses received from residents. All respondents indicated that they felt safe in the home, staff were kind, the care was good and the home was well organised. We received no responses from the staff online 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 11 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall submit an incident report to RQIA as detailed in the report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that hand-written medication administration records are verified and signed by two staff and include the date of administration (day, month and year).	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Regular checks were made to ensure that care staff applied to and maintained their registrations with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), resident moving and handling, dementia care and fire safety.

Staff confirmed that training had been completed electronically and face to face. There was a system in place to ensure staff were compliant with mandatory training requirements and this was monitored as part of the provider's monthly monitoring visits. The most recent review of this showed 98 percent of staff were compliant with training requirements.

Individual records of staff competencies completed were maintained. Staff, dependent on their role, completed competencies on areas, such as, taking charge of the home, medicines management, use of thickening agents and application of topical preparations.

Minutes of staff meetings were available for review. Topics discussed included findings from RQIA inspections and from the home's own internal monthly monitoring. The manager confirmed that 'flash meetings' were held with all staff departments when information had to be communicated early of if there were any new concerns identified. Records of these meetings were also maintained.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Discussion with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the person in charge of the home when the manager was not on duty.

Staff spoke positively on the teamwork in the home. One told us, "There is good communication between the staff here". Staff members were observed to work well and communicate well with one another during the inspection.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents and confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day. Staff members were knowledgeable of residents' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed, such as appointments.

Residents consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well and were comfortable in each other's company. Residents told us that they were happy living in the home.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care support plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care plans for personal care delivery had been well written. The plan identified the level of care the resident required, while promoting independence, and which way the resident liked to dress in the morning.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was good availability of food and fluids identified during the inspection. Residents were weighed regularly to monitor for weight loss or weight gain. Nutritional, oral and choking risk assessments were completed monthly.

Residents dined in the dining room and one preferred to dine in the lounge. A menu was on each table offering a choice of meal and staff utilised a picture book to aid residents with their choices. One resident, who did not like the choices of food, was provided with an alternative meal of their choice. Food was served from a heated trolley when residents were ready to eat. The food appeared nutritious and appetising; was reflective of the menu and portion sizes were appropriate for the residents to whom the food was served. Staff wore the appropriate personal protective equipment (PPE) when serving meals and only those residents who required wore clothing protectors. A range of drinks was served with the meal. The mealtime was well supervised. Music played in the background during the meal and residents spoke positively on the mealtime experience. Food safety awareness notices were on display in communal corridors within the home alerting visitors to check with staff before sharing any food or drinks with residents which may endanger them if not in keeping with their nutritional requirements.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. However, high dusting had not been completed in several bedrooms evidenced by the level of dust on the tops of some wardrobes. This was discussed with the manager and identified as an area for improvement.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. The manager confirmed that staff participated in two fire drills per year.

Bedrooms and communal areas were well decorated and suitably furnished. Flooring identified in disrepair was repaired during and shortly after the inspection. Confirmation was also received that exposed pipes, which could have a potential burn risk, were all covered. This will be reviewed at a subsequent inspection.

Observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Staff use of PPE and hand hygiene was regularly monitored by the manager and records of these checks had been maintained.

Monthly infection control audits were completed. Where deficits were identified, these had been included within an action plan which was also reviewed to ensure that identified actions had been completed. Spot checks on the environment and review of decontamination schedules were also recorded during regular walkabout audits.

5.2.4 Quality of Life for Residents

Residents confirmed that they were offered choice and assistance on how they spent their day. One resident told us, "This is a marvellous place; We are well looked after and you get a good chat in here". Residents were well presented in their appearance and those, who wished to, were wearing their own jewellery, nail varnish and make up.

A second activity therapist had been recently recruited allowing for 50 hours of activities per week. However, this was shared between the nursing home, which could accommodate up to 44 patients, and the residential home. Monthly programmes of activities were available for review and activities included bingo, hairdressing, cookery club, manicures, hand massage, gardening, walks, afternoon teas, gospel sing-songs, reminiscence and birthday celebrations. There was evidence of a tea party in a local hotel to celebrate the King's Coronation. A local football club allowed the residents free entry to watch the games. A daily activity log was completed to identify which activity was completed and who was involved.

Each resident had an individualised activity plan. Residents feedback on activities ranged from they enjoyed the activities provided to 'there's not much goes on during day' and 'it can be boring during day'. Feedback was shared with the management team for their review and actions as appropriate. Activity provision had been audited, although, the audit included activities for both the nursing and residential homes as one unit. We confirmed that activity provision should be audited separately for each home as they are separately registered services and based on different client groups and different models of care.

Residents' meetings were held and minutes of the meetings were available for review. The minutes evidenced what the residents had said about the service provision in the home and identified any concerns that they had. The meeting minutes also included the actions taken by the management team in response to comments/concerns raised by residents.

A monthly newsletter was published for residents, relatives and staff. The newsletters were available in communal areas in the home and at the entrance. Those residents that could not leave their rooms had one delivered to them. The newsletter identified upcoming events, planned church services and welcomed new staff starting in the home.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place at the residents' preferred visiting area; including their bedrooms. Residents were free to leave the home with their relatives if they wished to go out.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no changes to the management arrangements. Ms 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 home's management team. Staff told us that they found the manager to be 'approachable' and 'would always listen to any staff concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and the roles of others.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included medicines management, restraint, the environment, staff training and staff registration monitoring. Residents' care records had been audited and action plans developed when deficits identified. Audit records evidenced the date of audit, the date the actions were completed and the management oversight of this. Each step was signed by the person completing/checking.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to residents' next of kin, their care manager and to RQIA when appropriate.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. The number of complaints in the home was low. Complaints were analysed monthly.

Staff told us they were confident about reporting any concerns about residents' safety. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

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 detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The actions taken by the manager in response to the identified actions for improvement were also included within the report. Reports were available for review by residents and their relatives, the Commissioning Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

An area for improvement and details of the Quality Improvement Plan were discussed with Zoe Lewis, Registered Manager and Patricia Greatbanks, Regional 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has reviewed the cleaning schedules to include high dusting and discussed this requirement with house keeper and domestic staff. Compliance shall be monitored using walk about audits completed by Manager and or Deputy and also the house keepers monthly audit.</p>

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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
Twitter @RQIANews

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