

Inspection Report

20 May 2021



Mahon Hall

Type of service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Natasha Southall	Registered Manager: Zoe Lewis Date registered: 23 February 2021
Person in charge at the time of inspection: 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 Home which provides social care for up to 13 persons. The home consists of one unit which provides care for people with dementia. There is also a registered Nursing Home under the same roof.	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2021 from 13:00 to 19:00 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.

Areas requiring improvement were identified in relation to the environment, the staff handover process and care records.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff, are included in the main body of this report.

The findings of this inspection provided RQIA with assurances that care delivery and service provision within Mahon Hall was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve the quality of the service provided.

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 residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. 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.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

Ten residents and two staff were met with during the inspection. In keeping with their level of understanding residents confirmed they were happy with their life in the home and their relationships with staff. Staff spoke positively about their experience of working in the home. One completed staff questionnaire was received following the inspection, the comments from which were shared with the manager following the inspection.

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 30 June 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 5.5 Stated: First time	The registered person shall ensure the assessment of needs is reviewed and updated for the identified resident.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the assessment information showed it had been reviewed and updated accordingly.	
Area for improvement 2 Ref: Standard 6.6 Stated: First time	The registered person shall ensure the care plan and evaluation regarding the management of distressed reactions is reviewed and updated for the identified resident.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the identified care record showed the care plan and evaluation regarding the management of distressed reactions had been reviewed and updated accordingly.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

All staff were provided with a comprehensive induction programme to prepare them for working with the residents, this also included agency or temporary staff. Staff left in charge of the home in the manager's absence had been assessed as being competent and capable to do so.

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 and regular staff meetings and individual supervisions were held.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on the day of inspection. The duty rota identified the person in charge when the manager was not on duty.

Staff spoken with told us that there was enough staff on duty to meet the needs of the residents.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. The manager shared that resident dependencies were reviewed on a regular basis to help determine planned staffing levels. Records in the home showed resident dependencies were reviewed on at least a monthly basis.

It was noted 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. For example, one resident chose to have a lie down after lunch, others were happy to engage in activities.

Staff told us that the resident's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly and in a caring and compassionate manner.

Residents in keeping with their level of understanding said they were happy living in the home and in their relations with staff. Residents also shared that they liked the food in the home. One resident commented "I am keeping well, the food is very good, if it wasn't I wouldn't be long in saying".

There were safe systems in place to ensure staff were inducted and trained properly; and that residents needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Information pertaining to the safeguarding champion and appointed person for the home was displayed in a central location for residents, staff and visitors to access.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a regular basis. Staff told us they would be confident about reporting concerns about residents' safety and poor practice.

It was noted that residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. The information was also displayed in a central part of the home.

Review of the home's record of complaints confirmed that there were systems in place to monitor complaints and learn from these.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. Review of resident records and discussion

with the Manager and staff confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed to be prompt in recognising residents' needs and were aware of the individual needs of residents. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff were observed engaging in conversation with residents about their preferred interests and reminiscing.

Systems were observed to be in place to ensure residents safety in the home.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, dining room and communal areas such as lounges and bathrooms. There was evidence that the environment was generally well maintained. It was noted the base of a sink in the main bathroom was in need of repair. An area for improvement was identified.

The home was decorated with a dementia friendly design including the main corridor which reflected a musical theme and included various interactive wall displays for residents' engagement.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Although a daily menu record was situated in the dining room, the main menu display was not maintained up to date to reflect the choices on the day. The Manager was informed of this and gave assurances that the menu would be maintained on a daily basis going forward.

Fire safety measures were in place including an up to date fire safety risk assessment, any recommendations made had been actioned.

The home was found to be warm, clean and tidy with no obvious risks observed. One area for improvement was identified in relation to a sink in the main bathroom.

5.2.4 How does this service manage the risk of infection?

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, gloves and face masks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

There were systems in place to reduce the risk of outbreaks of infection in the home.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Discussion with staff showed there were some inconsistencies with regards to the handover process and how the information was shared. The benefit of maintaining a specific handover record that all staff had access to was discussed with the manager. An area for improvement was identified.

Resident care records were maintained in a way which reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

Residents who required specific skin care had this information recorded in their care records. There was evidence that their needs were being managed by the community nursing service if needed.

Examination of records and discussion with the Manager and staff confirmed that the risk of falls was managed on an ongoing basis. Where a resident was at risk of falling, measures to reduce this risk were put in place. For example residents were assessed regarding the level of supervision or assistance required and for the use of equipment including walking aids.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents appeared to enjoy their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered for lunch and dinner, and a variety of drinks. Residents spoken with confirmed they were happy with the food choices available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

There were systems in place to ensure the care provided for residents was effective.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

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. Residents care records were held confidentially.

Care records were being reviewed and updated to ensure they reflected the residents' needs. It was noted however that the most recent information in relation to Speech and Language Therapy (SALT) guidance had not been updated in an identified residents care plan, in addition the change in a residents mobility was not reflected in the residents care plan. The need to ensure care plans reflect the current needs of residents was discussed with the Manager. An area for improvement was identified. Residents' individual likes and preferences were reflected throughout the records.

Evaluation records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. The Manager advised care reviews were being maintained on an up to date basis, and if residents needs were to change within the year; a review would be arranged where necessary.

There was evidence to show care records were being regularly reviewed, however not all changes had been accurately reflected.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents and staff confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Some residents liked to have a lie down in the afternoon and were supported with this choice.

Staff told us that there were regular activities for residents to participate in which included reminiscence, musical events, and arts and crafts. The weekly activities schedule was located in a central part of the home. Residents were observed engaging in reminiscence and art projects.

Resident meetings were also organised to give residents the opportunity to feedback on different aspects of life in the home including for example activities, meals and staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

There were arrangements in place to ensure residents had meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. There has been no change in the management of the home since the last inspection.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to residents. The Manager or members of the team completed regular audits on various aspects of the operation of the home including accidents and incidents, hand hygiene, equipment use and the dining experience and general housekeeping.

There was a system in place to manage complaints. Complaints and the outcome of any investigations were monitored on a monthly basis. There had been no new complaints recorded in records viewed since January 2021. Information on how to make a complaint was displayed in a central part of the home for residents and representatives or visitors to access.

Staff spoken with commented positively about the Manager and described them as being supportive and approachable.

A number of compliments and thank you cards were received in the home these were displayed and shared with the staff team.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

There were systems in place to ensure the effective monitoring of the quality of care and services provided in the home.

6.0 Conclusion

Residents were comfortable and relaxed in the home, there were systems in place to ensure staff induction and training was maintained on an up to date basis. The environment was clean and tidy and dementia specific. Staff spoke positively about working in the home. There were systems in place to reduce the risk of outbreaks of infection and to ensure the regular review and audit of care provision within the home.

Areas for improvement were identified in relation to improving an identified bathroom sink, ensuring a regular daily handover is maintained and ensure care records are maintained on an up to date basis. Details can be found in the Quality Improvement Plan included.

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' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	0	3

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 Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 3 June 2021	The registered person shall ensure the identified bathroom sink is repaired and improved upon. Ref: 5.1.3 Response by registered person detailing the actions taken: The Registered Manager has reviewed the identified sink with Estates and is now secure.
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 27 May 2020	The registered person shall ensure the daily handover process is reviewed to ensure consistency between staff across shifts. Ref: 5.2.5 Response by registered person detailing the actions taken: The Registered Manager has discussed this with staff and a handover report commenced.
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 20 May 2021	The registered person shall ensure care plans are kept up to date and reflect the resident's current needs. Ref: 5.2.6 Response by registered person detailing the actions taken: The Registered Manager has discussed this with Team Leader and Senior Care Assistants and reiterated the importance of ensuring care plans are kept up to date to reflect Residents needs. This will be monitored by the Registered Manager.

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



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