



# Unannounced Care Inspection Report

## 21 October 2019



## Mahon Hall

**Type of Service: Residential Care Home**  
**Address: 16 Mahon Road, Craigavon BT62 3EF**  
**Tel no: 028 3835 0981**  
**Inspectors: Bronagh Duggan**

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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 registered residential care home which provides care for up to 13 residents with dementia. The home occupies part of the first floor of a two storey building that also contains Mahon Hall Nursing Home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Zoe Lewis Acting manager from 27 August 2019
<b>Person in charge at the time of inspection:</b> Zoe Lewis	<b>Number of registered places:</b> 13
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 13

### 4.0 Inspection summary

An unannounced inspection took place on 21 October 2019 from 09.30 hours to 18.00 hours.

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.

Evidence of good practice was found in relation to activities for residents, staff interaction with residents and recruitment.

Areas requiring improvement were identified. These related to a review of staffing levels, the reporting of notifiable events, infection prevention and control (IPC), governance audits and update of care records.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

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

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Zoe Lewis, manager, as part of the inspection process. The regional manager for Four Seasons Health Care was also present for feedback at the conclusion of the inspection.

Following this inspection a meeting was arranged for 28 October 2019 at RQIA offices. This was to allow an enhanced level of feedback to be provided in relation to the findings of the inspection. The home manager Zoe Lewis; Patricia Greatbanks, Four Seasons Health Care Regional Manager; and Louisa Rea, Head of Operational Quality attended the meeting. Feedback from the inspection of Mahon Hall nursing home, available in a separate report, was also provided. 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 20 November 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 20 November 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**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received,

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire; none were returned.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- staff supervision and appraisal information
- one staff recruitment and induction record
- three residents' records of care
- complaints

- compliments
- governance audits/records
- accident/incident records from February 2019 to October 2019
- monthly monitoring reports May 2019 to August 2019
- RQIA registration certificate.

Areas for improvements 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 the last care inspection dated 20 November 2018**

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Standard 6.6 Stated: First time	The registered person shall ensure the care records are reviewed and updated for the identified resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed care records had been updated for the identified resident.	

**6.2 Inspection findings**

**6.3 Is care safe?**  
**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

On arrival to the home we found it to be warm, bright and comfortable. Residents were up, washed and dressed and most were relaxing in the main lounge area while others were resting in their rooms or watching television. An activities therapist was in the home engaging with residents and explaining what was going to happen as the day progressed. Residents spoken with were found to be at ease in each other's company and interacted easily with staff.

Staff told us that staffing levels for the home were stable and they felt there was enough staff on duty during the day to meet the needs of the residents accommodated in the home. Staff also reported, however, that they believed staffing on night duty to be inadequate; there was

only one member of care staff to cover a twilight shift plus one wakened staff member for the rest of the night. We reviewed the staff duty roster and saw that this reflected staff on duty over the twenty four hour period. We observed during the inspection that care staff were busy throughout the shift, and the activities therapist was present for much of the day to support residents with social events.

We discussed staffing levels in the home with the manager and senior manager during feedback on the day of inspection and during the meeting held at RQIA office on 28 October 2019. The home manager and senior managers from Four Seasons Health Care provided assurances that staffing levels for the residential care home were adequate and were reviewed on a monthly basis, or sooner if needed, using a recognised resident dependency scale tool. The managers also advised that staffing levels within the home were subject to ongoing monitoring and review. The need to fully review staffing levels in the home with particular attention to night time care was identified as an area for improvement to comply with the Regulations.

The manager confirmed that competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of assessments was viewed and found to be satisfactory.

One recruitment record was viewed; this showed that appropriate checks, including Access NI and reference checks, were completed prior to new staff commencing employment in the home. One induction record was viewed during the inspection and was found to be satisfactory.

Staff spoken with said they received good support from the manager and confirmed that they found her to be approachable and supportive. Staff confirmed they received regular supervision and appraisal. Review of staff training records showed that arrangements were in place for staff to receive mandatory training. Records also showed that staff recently completed additional training relating to diet and fluids terminology, International Dysphagia Diet Standardisation Initiative (IDDSI), and continence care.

There was an identified safeguarding champion within the organisation and the annual safeguarding position report had been completed for the period of 2018- 2019. Staff spoken with were able to identify different types and signs of abuse and correctly describe what action they would take if they suspected or witnessed any form of abuse.

We reviewed the records of accidents and incidents in the home and saw that there was a low level of such events. We saw that the proper processes for managing these events were followed and records of follow up actions were available to review. We identified, however, that a monthly analysis of accidents and incidents had not been completed from July 2019. This was discussed with the manager, who was recently appointed, who advised that a plan was in place to ensure these are carried out in future.

We walked around the home and found that it was warm, clean and bright throughout. Some repainting had been completed and there was evidence that staff had given thought to making the environment interesting for residents, for example, a corridor had been decorated with a music theme. We saw that residents' bedrooms were clean and tidy, nicely decorated and contained personal belongings including photographs and ornaments. We saw that signage was in place to help orientate residents. Additional orientation information, for example the day, date, weather and the weekly activities schedule was also displayed.

With regard to the arrangements in place to prevent or minimise the spread of infections, we observed a good supply of disposable gloves, aprons and liquid hand soap in the home. Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and use of personal protective clothing. We saw, however, that a radiator cover outside the dining room and a wall was stained with food and that some lap tables required to be either thoroughly cleaned or replaced. A cabinet in the bathroom contained unnamed toiletries giving the potential for communal use by residents and therefore the possible spread of infection. These issues were identified as an area for improvement to comply with the Regulations.

Walkways throughout the home were kept clear; review of staff training records showed staff completed fire safety training. Fire drills were completed on a regular basis; records showed weekly fire safety checks were maintained on an up to date basis.

**Areas for improvement**

Two areas for improvement were identified to comply with the Regulations. These were in relation to a review of staffing and to infection prevention and control measures.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	2	0

**6.4 Is care effective?**

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

We observed the staff attending to the residents’ needs in a friendly and caring manner.

We reviewed three residents’ care records and identified that relevant risk assessments and care plans were in place to direct the care. The care records reflected the multi-disciplinary input into the residents’ health and social care needs. We noted, however, that a recent medical diagnosis for one resident was not recorded in the resident’s care records. It is important that such information is kept up to date. This was identified as an area for improvement to comply with the Standards.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe how the needs, choices and preference of individual residents were met in the home.

Staff spoken to were complimentary about working in Mahon Hall. They confirmed that they received the training they required to provide the right care at the right time. We confirmed that mandatory training was planned and monitored for all staff to ensure the needs of the residents were met.

Staff also described how there was effective team work within the home. Staff told us if they had any concerns about a resident or a colleague’s conduct they could raise it with the manager or person in charge.

Staff reported that they received regular supervision and appraisal and that they had the support from the manager and were happy to raise an issue if needed.

We saw how staff were able to communicate effectively with residents.

We saw that residents were able to engage activities and residents said they were supported to do so. Arrangements were in place to for residents to maintain links with their friends, families and wider community through assisting residents to lunch with their church groups and occasional day trips.

**Areas for improvement**

One area for improvement was identified. This was in relation to the care records of one identified resident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 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.**

When we arrived in the home we saw that residents were enjoying their morning tea/coffee or breakfast. We noted that during the mealtime the dining tables were set in an attractive manner. We saw that the residents had a choice of meal offered to them. The atmosphere in the home was relaxed and staff were available to support and assist residents where necessary.

Residents spoken to were complimentary about the care they received in Mahon Hall and made the following comments:

- “The food is good enough, can’t say anything bad about it. The staff are nice. I want to out for a while, I’m stuck inside all the time.”
- “Everyone is very good.”
- “Staff are good, they are usually about.”
- “It’s lovely. My room is nicely painted. I’m quite happy.”
- “It’s a good place; they (staff) are all very good. Couldn’t be better.”

All comments were discussed with the manager during the inspection.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.6 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 senior care assistant outlined the management arrangements and governance systems in place in the home. We reviewed the registration certificate for the home and confirmed that residents were admitted within the categories of care for which the home is registered with RQIA.

There was a complaints policy and procedure in place which was in accordance with legislation and the Department of Health (DoH) guidance. We looked at records of complaints and saw that the reason for one complaint related to an event which should have been, but was not, reported to RQIA. This was identified as an area for improvement to comply with the Regulations.

We looked at the governance audits and saw that not all audits had been completed on a monthly basis. We discussed this with the manager and regional manager who advised that this was due to the change in management and ongoing recruitment for a deputy manager; assurances were provided that such audits would be completed in a timely manner. This was identified as an area for improvement to comply with the Standards.

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the monthly visits and saw that whilst an action plan was developed to address any issues, the items identified as requiring action were not completed in a timely manner. We discussed this with the management who advised this was due to the ongoing induction of the new manager and recruitment of a deputy manager. This area will be reviewed at the next inspection.

Discussion with the staff confirmed that there good working relationships within the home and that the management were responsive to suggestions and/or concerns.

### Areas for improvement

Consider -Two areas for improvement were identified. These were in relation to governance audits and notifications to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2020	<p>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.</p> <p>Ref:6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Registered Manager completes a review of resident dependency using the CHESS tool at least monthly or more often if required. Indicative staffing will be monitored by Regional Manager during Reg 29 visits.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2020	<p>The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Infection Control audit completed by RESM, deficits addressed and actions ongoing. Environmental audit completed by HM and deficits addressed and actions ongoing, painting and refurbishment rolling programme in place and ongoing. Items identified as integrity breached removed and replacement programme in place.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30 (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2020	<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: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Scope of notification has been completed under supervision with Senior care staff. Registered Manager will monitor compliance.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 5 February 2020	<p>The registered person shall ensure the care records are reviewed and updated for the identified resident.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Registered Manager has confirmed the identified care record was updated. Further discussion with senior care staff to reiterate the</p>

	<p>importance of ensuring care plans and associated risk assessments are up to date as well as medical history. This will be monitored through care file traca.</p>
<p><b>Area for Improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 5 February 2020</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>Ref:6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has recruited a Deputy Manager. Governance audits set out by FSHC will be completed on a monthly basis. Registered Manager is aware that when deficits are identified that an action plan is formulated, discussed with staff for future learning and will continue monitoring by Registered Manager until actions are completed to close the loop.</p>

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



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