

Unannounced Care Inspection Report

26 June 2018



Mahon Hall

Type of Service: Residential Care Home
Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF
Tel No: 028 3835 0981
Inspector: Bronagh Duggan

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with thirteen beds that provides care for residents living with dementia. Mahon Hall residential care home is in a shared complex with Mahon Hall nursing home.

3.0 Service details

Organisation /Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Royston	Registered Manager: Cheryl King
Person in charge at the time of inspection: Jemma McCullough SCA until 14.00 Kelly Fisher SCA from 14.00 onwards Tracey Palmer a visiting manager was available during the inspection and for feedback.	Date manager registered: 12 March 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 13

4.0 Inspection summary

An unannounced care inspection took place on 26 June 2018 from 10.00 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the pre-registration 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 staff recruitment, induction, training, supervision and appraisal, care records, audits and reviews and maintaining good working relationships.

Areas requiring improvement were identified in relation to reviewing staffing levels, duty rota to be maintained on an up to date basis and ensuring activities were displayed appropriately for residents and representatives. One area for improvement relating to fire safety from the previous pre-registration inspection has been stated for a second time.

Residents said they had no complaints, the staff were good and the food was good.

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	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Tracy Palmer, visiting manager, as part of the inspection process and Cheryl King registered manager by telephone following the inspection. 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 January 2018 which was a pre-registration care inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the persons in charge, the visiting manager, ten residents and two staff.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives and staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Two residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care reviews; accidents and incidents (including falls), complaints, environment, catering, Infection Prevention and Control (IPC)
- Accident, incident, notifiable event records
- Annual Quality Review report 2016-2017
- Minutes of recent residents' meetings/ representatives' meetings

- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially 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 most recent inspection dated 1 May 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

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 27 (4) (d) (v) Stated: First time	The registered person shall ensure fire safety checks are completed and maintained on an up to date and regular basis. Ref: 6.1	Partially met
	Action taken as confirmed during the inspection: Review of the fire safety check records showed improvements had been made regarding the fire safety checks. However it was noted that weekly fire door checks were recorded as last being completed on 23 April 2018. This area for improvement has been stated for a second time in the QIP appended to this report.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior carer advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Staff shared there had been some recent difficulty with cover for a twilight shift, this issue was discussed with the registered manager following the inspection. Review of four preceding week's duty showed deficits at this time, it was noted on two occasions there was no twilight cover provided resulting in one staff member being on duty from 20.00 to 08.00. The registered manager confirmed following the inspection recruitment was ongoing for the position and that arrangements had been made ensuring agency staff would be used to ensure adequate cover at all times. The review of staffing levels for the home and specifically the twilight and night duty period was identified as an area for improvement to comply with the regulations.

A review of the duty rota confirmed that it did not accurately reflect the staff working within the home during the inspection. In addition it did not reflect cover for the twilight shift on the day of inspection. Staff spoken with were unaware if the shift had been covered. Following discussion the visiting manager communicated with the area manager who provided details about the staff cover arrangements for the identified shift. Ensuring the accuracy of the duty rota at all times was identified as an area for improvement to comply with the regulations.

A review of two completed induction records and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of two staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the visiting manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Records showed that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC) (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior carer, review of accident and incident information, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The senior carer stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The senior carer advised there were restrictive practices within the home, notably the use of keypad entry system, pressure alarm mats, and psychotropic medication. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Records maintained in the home showed restrictive practices used in the home were reviewed monthly.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The senior carer reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

“The Falls Prevention Toolkit” was discussed with the visiting manager and advice was given on the benefits of using this or a similar toolkit. Records showed that audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The senior carer advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety. On the day of inspection a risk assessment was circulated regarding what to do to maintain safety during a heatwave.

The home had an up to date Legionella risk assessment in place dated 24 January 2017 and all recommendations had been actioned or were being addressed.

It was established that no residents smoked.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. This was last done in April 2018; it is good practice to ensure weekly checks.

The visiting manager provided written confirmation that Lifting Operations and Lifting Equipment Regulations (LOLER) were checked and safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 25 July 2018 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/ monthly and were regularly maintained. However it was noted that fire door weekly checks were last recorded as being completed on 23 April 2018. Fire safety checks were identified as an area for improvement during the previous inspection. This has been stated for a second time in the QIP appended to this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control and risk management.

Areas for improvement

Two new areas for improvement were identified these related to reviewing staffing levels for the home specifically the twilight and night duty cover and ensuring the duty rota accurately reflected staff on duty. One area for improvement relating to regular completion of fire safety checks has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care effective?

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

Discussion with the senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, with residents preferences in their morning time routines.

A varied and nutritious diet was provided for the residents. During inspection residents were observed being offered a choice of meals at lunch time by the staff. The registered manager confirmed following the inspection residents were offered meals from sample plates as opposed to writing/ displaying the choices on a menu taking into consideration the residents' diagnosis. It was noted a breakfast menu was displayed on tables during the morning period. The benefit of displaying the daily menu for residents and their representatives to know what is available at each mealtime was discussed with the registered manager following the inspection.

Discussion with the visiting manager confirmed that wound care would be managed by community nursing services if needed and referrals made to the multi-professional team regarding any concerns identified in a timely manner.

The senior carer advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care review, accidents and incidents (including falls), complaints, environment, catering, and restrictive practices were available for inspection and evidenced that any actions identified for

improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The senior carer advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. The need to ensure resident and representative meetings were held specifically for the residential care home as they also incorporated the nursing home was discussed with the registered manager. This shall be followed up at a future inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports the annual quality review report were on available on request for residents, their representatives any other interested parties to read.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The senior carer advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The senior carer and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected. For example ensuring records were stored securely when not in use.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. The need to ensure the programme of activities was displayed in a suitable format for residents and or their representatives to view was discussed with the registered manager following the inspection. This was identified as an area for improvement to comply with the standards.

Discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents' meetings and visits by the registered provider.

Plans were in place to complete the annual quality review report from April 2017 – March 2018. The residential care home was registered in March 2018 moving forward there should be a separate annual quality review report for the residential care home.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example pet therapy, quizzes, music. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents are supported with excursions outside of the home.

Residents and staff spoken with during the inspection made the following comments:

- "I am happy enough, I have no complaints. They (staff) are all good." (resident)
- "The food is nice, if you don't want something you can get something else." (resident)
- "Everything couldn't be better. The food is good. I like the craic." (resident)
- "The food is brilliant, I had casserole today. I had to say take some of it back there was too much!" (resident)
- "I do think here is run very well, I have been here for a good while. Perhaps because it is so small you really get to know the residents and their families too; and they get to know you." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

One area for improvement was identified during the inspection this related to ensuring the programme of activities was displayed in a suitable format.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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 carer outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. They were due to be systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the reception area of the home. RQIA's complaint poster was available and displayed in the reception area of the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There were no complaints recorded since the home was registered in March 2018. An audit of complaints information was completed on a monthly basis.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. There had been no notifiable events reported to RQIA since the home was registered in March 2018. A monthly audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example diabetes awareness, use of thickening agents, and training in dysphagia was planned for 27 June 2018.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. The visiting manager stated that the regional manager was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The visiting manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The visiting manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The visiting manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. Information relating to marital status, religious beliefs etc. was gathered as part of the assessment process.

If further information regarding equality issues was required the registered manager can contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Staff spoken with during the inspection made the following comments:

- “You can approach the management any time, they are good. They are good to work for, there are no issues. It’s an open door.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, audit checks, quality improvement and maintaining good working relationships.

Areas for improvement

No 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 Tracey Palmer, visiting manager, as part of the inspection process and Cheryl King registered manager following the inspection. 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 27.(4) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 3 July 2018</p>	<p>The registered person shall ensure fire safety checks are completed and maintained on an up to date and regular basis.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The area of non compliance noted in inspection has been addressed under recorded supervision. Since inspection fire safety checks have been conducted as per schedule and will be closely monitored by Registered Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20. (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2018</p>	<p>The registered person shall review staffing levels to ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Following a recruitment process staff have been appointed to cover twilight hours and will commence employment when the relevant checks have been received. In the interim our current staff and agency staff are assisting to cover the twilight shifts temporarily.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 7.</p> <p>Stated: First time</p> <p>To be completed by: 27 June 2018</p>	<p>The registered person shall ensure a copy of the duty rota of persons working in the home, and a record of whether the roster was actually worked is available in the home at all times.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Rota file is available. Staff have been advised that the off duty needs to be truly reflective at all times and any changes made must be clearly recorded within rota. This will be closely monitored by Registered Manager.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 13.4 Stated: First time	The registered person shall ensure the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled. Ref: 6.6
To be completed by: 26 July 2018	Response by registered person detailing the actions taken: The activity board has been purchased and is now in place to display the scheduled activities

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



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