

Inspection Report

29 September 2022



Mahon Hall

Type of service: Residential Care Home
Address: 16 Mahon Road, Portadown,
Craigavon, BT62 3EF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Ann's Care Home Limited Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Ms Zoe Lewis Date registered: 23 February 2021
Person in charge at the time of inspection: Ms Cristina Citea - deputy manager	Number of registered places: 13
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides social care for up to 13 residents. 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 29 September 2022 from 10.00 am to 4.30 pm by a care inspector.

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.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of residents' and carried out their work in a compassionate manner.

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.

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

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, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

A number of residents spoke positively about the care that they received. One patient said, "The staff are just great and the food is great", whilst another said "You couldn't ask for better care". Residents also commented positively on the food and their interactions with staff. Due to the nature of dementia some residents found it difficult to share their thoughts on their life within the home. However all of the residents were well presented, smiled when spoken with, and appeared relaxed in the company of staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow residents, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. Three questionnaires were returned indicating all were satisfied with the care and services provided. Comments included were "brilliant" and "very satisfied, this place is the best". No feedback was received 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 20 May 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time	The registered person shall ensure the identified bathroom sink is repaired and improved upon.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall ensure the daily handover process is reviewed to ensure consistency between staff across shifts.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 6.6 Stated: First time	The registered person shall ensure care plans are kept up to date and reflect the resident's current needs.	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

Safe staffing begins at the point of recruitment. A review of recruitment records confirmed that these procedures were in accordance with legislation and standards.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job. Management confirmed that training compliance was kept under review.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

The duty rotas accurately reflected the staff working in the home over a 24 hour period and identified the person in charge when the manager was not on duty.

Observations confirmed that residents' needs were met by the staff on duty. Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

Staff were seen to attend to residents' needs in a timely manner, and residents' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual residents' needs, preferred daily routines, likes and dislikes, for example, where residents preferred to sit and what they liked to eat. Staff members were observed to be skilled in communicating with the residents and to treat them with patience and understanding. Staff members were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

It was observed that staff respected residents' privacy by their actions such as offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Would you like" when dealing with care delivery".

Care records were suitably maintained, regularly reviewed and updated to ensure they continued to meet the resident's needs. Resident's individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's care needs and what or who was important to them.

Residents who required specific skin care had this information recorded in their care records and there was evidence that their needs were being managed in conjunction with the community nursing service.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. A menu was provided to inform residents of the meals and choice available. It was observed that residents were enjoying their meal and dining experience. Staff made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Residents commented positively about the quality and choice of meals. Some residents preferred to have their meal in their own room and this was readily accommodated. There was evidence that residents weights were checked at least monthly to monitor weight loss or gain.

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

Observation of the home's environment evidenced that the home was tidy and warm. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of homely touches such as snacks and drinks being made available throughout the day.

Fire exits were observed to be free of obstruction.

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

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or get up early if they preferred. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff and residents were observed to be participating in a game of bingo. One resident said "bingo is great". It was also observed that residents were attending a resident meeting, which provided opportunity for residents to comment on life within the home.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents' were observed to be pleasant, polite, friendly and warm. Staff recognised the importance of maintaining good communication with families and visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in management of the home since the last inspection. Ms Zoe Lewis has been the manager in this home since 23 February 2021. Staff members 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 was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

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. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of a sample of the records identified one incident that had not been appropriately notified. This was discussed with management and a retrospective notification was received.

There was a system in place to manage complaints.

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 are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.



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Quality Improvement
Authority

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