

Unannounced Care Inspection Report

30 June 2020



Mahon Hall

Type of Service: Residential Care Home (RCH)
Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF
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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.

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 residential care home registered to provide residential care for up to 13 residents. Mahon Hall Residential Home occupies part of the first floor of a two story building which also includes Mahon Hall Nursing Home.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Maureen Claire Royston	Registered Manager and date registered: Zoe Lewis
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 home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 30 June 2020 from 10.00 to 16.40. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information 29 June 2020 which raised concerns. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Care delivery
- Care records
- Governance and management

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
Total number of areas for improvement	0	*3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Zoe Lewis, manager, as part of the inspection process. Patricia Greatbanks, regional manager, was present for feedback at the conclusion of the inspection. The timescales for completion commence from the date of inspection. * One area for improvement relating to medicines management was not reviewed during this inspection and has been carried forward for review at a future care inspection.

Enforcement action did not result from the findings of this 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:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

The following records were examined during the inspection:

- staff duty rota from 22 June to 5 July 2020
- three care records
- notifications of accidents and incidents from March to June 2020
- sample of monthly monitoring reports
- complaints records
- sample of audits and governance records
- training information

Areas for improvement 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2020.

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 30 (d) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of records of accidents and incidents in the home showed RQIA were appropriately notified of all relevant events.	

Areas for improvement from the last medicines management inspection on 01 May 2018		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall review and revise the management of warfarin.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

Staffing

We arrived at the home at 10:00 and were met by the nurse in charge on the ground floor. Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 22 June 2020 to 5 July 2020 were reviewed. The rota reflected staff on duty during the inspection. The manager confirmed agency staff were used on occasions in the home, when this is the case every effort is made to ensure block booking of the same staff.

We met with staff during the inspection and discussed their experiences of working in the home. Staff shared that there had been challenges in recent months due to the Covid 19 pandemic which placed additional stresses on staff especially during the peak of the outbreak. At the time of the inspection staff confirmed the situation was much more settled and they felt comfortable and safe doing their work. Staff were aware of reporting arrangements and who to speak with if they had any concerns. The manager advised following the Covid 19 situation, arrangements had been made for staff to access additional support if needed and plans were in place for a health care professional to visit the home to support staff wellbeing. Observations of staff practice showed they were kind and courteous to residents and responded to call bells or requests for assistance. Staff spoken with confirmed there was good team working. Staff showed they were aware of the individual needs of residents.

Staff confirmed that staffing levels were maintained to ensure the needs of residents were met. The manager advised resident dependencies were kept under continual review to ensure adequate staffing levels are in place to meet residents' needs. Records of resident dependencies were available during inspection these were reviewed on a regular basis.

Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Upon arrival at the home inspectors temperatures were taken and they were asked if they had been displaying any symptoms associated with Covid 19. This information was recorded accordingly. The manager confirmed all residents and staff had temperatures taken twice daily. All visitors, though limited due to visiting restrictions, were tested upon arrival to the home. PPE supplies and hand sanitisers were available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with the current guidance. Supplies were observed being restocked during the inspection.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infections in the home. Staff confirmed there were enhanced cleaning schedules in place which included the regular cleaning of touch points throughout the home to minimise infection spread.

During a walk around the home it was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed and these were found to be well maintained. Bedrooms were personalised on an individual basis. Residents spoken with confirmed they were happy with their surroundings. Décor in the home had been completed in a dementia friendly way.

Care delivery

We observed staff practice in the home, interactions with residents were warm and kind. Staff showed good knowledge and understanding of residents' individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences. Two activities therapists were observed engaging with the residents, one was on their induction period. Residents were observed participating in a music session and appeared to enjoy same.

There was a relaxed and unhurried atmosphere in the home. Some residents were observed relaxing in their bedrooms while others were in the communal sitting room. Residents appeared comfortable, staff were available throughout the day to meet their needs, call bells were observed to be in easy reach for residents who were in their bedrooms.

Comments received from residents included:

- "We are getting on the best".
- "All is great".

Care Records

Three care records were reviewed; these had been completed upon residents admission to the home. Records included assessment of needs, care plans, risk assessments as necessary and evaluation records. Records were reviewed and updated on a regular basis, however it was noted from one of the care records viewed the assessment of needs was last reviewed in March 2019. An area for improvement was identified. In addition, the care plan regarding the management of distressed reactions for the same identified resident showed no evidenced of being reviewed regarding its efficacy. An area for improvement was identified.

Care records showed residents' weights were recorded regularly, there were systems in place to ensure any significant change was shared with relevant health care professionals. Specific guidance from the Speech and Language Therapist (SALT) was included within care plans as well as dietary advice.

Governance and management arrangements

The manager outlined the line management arrangements for the home. The manager confirmed she felt well supported in the recent months of the Covid 19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns. Information was displayed in the home on how to escalate concerns. Staff spoken with were aware of the whistleblowing policy and procedure for the home. There was a system in place regarding complaints management; a complaints analysis was completed on a monthly basis to help identify any patterns or trends. No new complaints had been recorded since the previous inspection.

There was a system in place regarding the reporting of notifiable events. Review of records showed RQIA had been notified appropriately regarding accidents and incidents in the home. Audits were completed regarding accidents and incidents, these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from February until May 2020 which provided an overview of the residential

home. The reports included the views of residents, relatives and staff. A sample of governance records were also reviewed and actions plans were included within the reports.

In addition, we could see audits had been completed regarding hand washing, PPE use, residents' weights, and reviewing of resident dependencies. The manager advised plans were in place to complete a mealtime audit using a new framework in July 2020. There was a training matrix in place which showed completed staff training levels and the manager advised staff training was ongoing.

Areas of good practice

Areas of good practice were identified in relation to staff interactions with residents, teamwork, dementia friendly environment, and the completion of regular audits.

Areas for improvement

Two areas for improvement were identified including the review and updating of an identified resident's needs assessment and to ensure the evaluation of their care plan regarding management of distressed reactions.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

This inspection was completed following receipt of information about the home. Staff spoken with shared their experiences about working through and after the peak of the Covid 19 pandemic. Interactions between staff and residents were positive. Staff were aware of reporting arrangements. The manager outlined the management structure within the home and senior management arrangements. One area for improvement from the previous inspection has been met and another carried forward for review at the next inspection. Two new areas for improvement were identified as a result of this inspection relating to the review and updating of care records.

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. Patricia Greatbanks, regional manager, was also present for feedback at the conclusion of 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 30 Stated: First To be completed by: 1 June 2018	<p>The registered person shall review and revise the management of warfarin.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 5.5 Stated: First time To be completed by: 14 July 2020	<p>The registered person shall ensure the assessment of needs is reviewed and updated for the identified resident</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Needs assessment was reviewed and updated on 01.07.20 and care plans are reflective of the Residents prescribed needs. Registered Manager will monitor compliance in all care documentation through care file audits</p>
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: 14 July 2020	<p>The registered person shall ensure the care plan and evaluation regarding the management of distressed reactions is reviewed and updated for the identified resident.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The care plan for the identified resident was evaluated on 02.07.20. Registered Manager will monitor compliance that care plan evaluations include the management of distressed reactions.</p>

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



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