

# Inspection Report

13 May 2021



## Mahon Hall

**Type of Service: Nursing Home (NH)**

**Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF**

**Tel No: 028 3835 0981**

[www.rqia.org.uk](http://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

<p><b>Organisation/Registered Provider:</b> Four Seasons Health Care</p> <p><b>Responsible Individual(s):</b> Mrs Natasha Southall</p>	<p><b>Registered Manager:</b> Mrs Zoe Lewis</p> <p><b>Date registered:</b> 23 February 2021</p>
<p><b>Person in charge at the time of inspection:</b> Christina Citea, Deputy Manager</p>	<p><b>Number of registered places:</b> 44</p> <p>Category NH-PH for 1 identified individual only. There shall be a maximum of 2 named residents receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment I – Old age not falling within any other category.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This is a registered Nursing Home which provides nursing care for up to 44 patients. The home is comprised of two units, one on the ground floor and one on the first floor. Patients' bedrooms are located on both floors. Mahon Hall residential care home is also located in the same building and the registered manager has responsibility for both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 May 2021 between 9.45 am and 5.45 pm by the 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.

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

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

New areas requiring improvement were identified in relation to infection prevention and control (IPC), care delivery and the dining experience of patients. An area for improvement in regard to food and thickening agents has been stated for a third and final time.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection, patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting 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 patients 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.

The findings of the inspection were provided to the manager and deputy manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with nine patients, 11 staff and two visitors. No questionnaires were returned. We received no feedback from the staff survey from any of the nursing home staff. Patients told us that they felt safe in Mahon Hall, they were well cared for, enjoyed the food and that staff were helpful and friendly. One patient said "The staff are very good to me, I have all I need". Staff spoken with told us they enjoyed their job and providing care to the patients. Staff also told us that they felt supported in their role and that the manager was approachable.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Mahon Hall was undertaken on 30 June 2020 by the care inspector.

Areas for improvement from the last inspection on 30 June 2020.		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> Ref: Regulation 14 (2) Stated: Second time	The registered person shall ensure food and fluid thickening agents are securely stored at all times.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment highlighted that this area for improvement was not met; this is discussed further in Section 5.2.3.  This area for improvement has not been met and is stated for a third and final time.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place in relation to the selection and recruitment of staff. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. One newly recruited staff member told us "I love my job, I've found my calling, I should have done this type of work years ago".

There were systems in place to ensure that staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as fire training, manual handling and first aid.

Appropriate checks had been made to ensure that the professional registration of staff with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) was in place.

Staff said that teamwork was good, the manager was approachable and that they felt well supported in their role. Staff also said that, while they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable staff absence at short notice.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner.

Patients said they were well looked after and how the staff were available if they needed anything.

Two relatives spoken with expressed no concerns about the care their loved one received in Mahon Hall.

There were safe systems in place to ensure that staff were recruited and trained appropriately; and that patient needs were met by the number and skill of the staff on duty.

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

The manager was identified as the appointed safeguarding champion for the home; the manager therefore has responsibility for implementing regional adult safeguarding guidance and the home's adult safeguarding policy.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

Review of patients' records and discussion with the manager and staff confirmed that the use of restrictive practices was robustly managed. A review of training records confirmed that staff were required to attend training which focused on the use of restrictive practices and how to engage in best interest decision making.

Staff were observed promptly recognising and responding to patients' needs. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

There were effective systems in place to ensure that patients were safely looked after in the home and that staff were appropriately trained for their role.

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

The home's internal environment was noted to be well maintained and a review of records confirmed that a range of environmental safety checks were in place and regularly monitored.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Thickening agents were noted to be insecurely stored in an identified part of the home; care staff were immediately asked to remove the containers and place them in a more secure place. An area for improvement was stated for a third and final time.

There was a homely atmosphere throughout the service; two pet budgies are located within the downstairs lounge and were enjoyed by residents within the home. Flowers, newspapers, magazines and jugs of juice or water were available in lounges and bedrooms and patients were offered suitable drinks and snacks between their main meals.

Patients were assisted by staff to adhere to social distancing guidance while seated in the lounges or in dining rooms.

There were robust fire safety measures in place to help ensure that patients, staff and visitors to the home were safe.

There were robust systems in place to ensure that the environment of the home was well maintained in order that patients were comfortable and safe.

#### **5.2.4 How does this service manage the risk of infection?**

Feedback from the manager provided assurance that effective systems were in place regarding the management of risks associated with COVID-19 and other potential infections. The home has also been participating in the regional testing arrangements for patients, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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 Personal Protective Equipment 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. A review of the environment identified a lack of wall mounted PPE dispensers and wall mounted hand sanitiser units throughout the home. This was discussed with the manager and an area for improvement was identified.

Visiting arrangements were managed in line with Department of Health guidance.

There were systems in place to manage the risk of infection; these arrangements will be further improved by ensuring compliance with the area for improvement identified.

#### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' 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 patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patient's needs, their daily routine and preferences.

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

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. Repositioning booklets also lacked detail in regards to repositioning frequency and the type of mattress in use on the patient's bed. An area for improvement was identified.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Podiatrist and the Tissue Viability Specialist Nurse (TVN) and were following any recommendations made by these professionals.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Nursing staff appropriately reviewed and updated patients care plans and risk assessments after the fall.

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

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

The dining experience was an opportunity for patients to socialise; the dining atmosphere was calm, relaxed and unhurried. Patients were observed enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. We observed that the upstairs dining room was not in use; this was discussed with staff who told us that the patients who resided upstairs preferred to eat their meals in the lounge area or in their bedroom.

A choice of meals was available for patients; the food was attractively presented and smelled appetising. There was a variety of drinks available. Patients commented positively on the quality of the food. However, it was observed the food served at lunch time did not reflect the menu on display; an area for improvement was identified.

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

There were systems in place to ensure that patients' needs, including any changes, were communicated to all staff in a timely manner. Patients' privacy and dignity was maintained and their needs regarding falls management and wound care were met. Care delivery to patients will be further improved through compliance to those areas for improvement identified.

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

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

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

There were systems in place to ensure that care records were regularly evaluated and updated to reflect any changes in patients' needs and to ensure that staff were kept informed.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

It was observed that staff offered choice to patients throughout the day which included preferences for getting up and going to bed what clothes they wanted to wear; food and drink options; and where and how they wished to spend their time.

There was a range of activities provided for patients by activity staff. An activity schedule was on display and records of patient involvement and participation in activities was recorded by the activity staff. Patients and staff were getting prepared to celebrate an important 'big' birthday for a patient in the home on the day of inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Indoor visiting arrangements were now in place in accordance with the latest visiting guidance. Staff told us how the visits from relatives and loved ones into the home again have resulted in positive benefits to both the physical and mental wellbeing of the patients.

There were systems in place to support patients to have meaning and purpose to their day within Mahon Hall.

### **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 about patients, 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 patients. While the Manager or nursing staff complete daily walk around audits, it was observed that these audits generally occurred in the evening or at night.

It was agreed with the manager that the timing of these audits would be reviewed in order to enhance managerial oversight and to help ensure timely corrective actions, when needed; this will be reviewed on a future inspection.

It was noted that patients 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. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of services provided by the home.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A record of compliments and thank you cards received about the home was kept and displayed in the home. A message on one of the cards displayed read: "To all the amazing staff of Mahon Hall, we thank you from the bottom of our hearts".

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, their representatives, the Trust and RQIA.

There were systems in place to monitor the quality of care and services provided and to drive improvement in the home.

## **6.0 Conclusion**

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean, tidy and well maintained.

The lived experience of patients was promoted by activity staff that provided a schedule of activities so that patients had meaning and purpose to their day. Inspection findings provided assurance that care delivery to patients was safe and effective in regard to falls management and wound care.

There were systems were in place to monitor the quality of care delivery and service provision within the home.

Three new areas for improvement were identified one area for improvement was stated for a third and final time.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with:

**The Nursing Homes Regulations (Northern Ireland) 2005 and Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	2

\* The total number of areas for improvement includes one area under regulation which has not been met and is stated for a third and final time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Zoe Lewis, manager and Christina Citea, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2)</p> <p><b>Stated:</b> Third time and final time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure food and fluid thickening agents are securely stored at all times.</p> <p>Ref: 5.1 &amp; 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has reviewed the storage of food and fluid thickening agents with staff and going forward will be stored securely in treatment room. This has also been discussed at staff meeting.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times</li> <li>• that the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients.</li> </ul> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has completed a review of residents needing to be on a repositioning booklet. A care plan has been prescribed clearly defining the frequency of repositioning, type and setting of mattress. The Registered Nurses will complete a mattress check twice in the 24hr period which will be attached to 24hr shift report for Manager review. Further monitoring of compliance will be completed by Registered Manager during walk arounds.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 10 June 2021	The registered person shall review the internal environment to ensure that there is a sufficient number of wall mounted PPE dispensers and wall mounted hand sanitisers to meet the needs of staff.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has purchased wall mounted PPE and hand sanitising units. This will be kept under review in consultation with staff and additional units can be purchased if required.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure menus are displayed in each dining room for patients' information, in a suitable format and updated on a daily basis to reflect the food served.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has discussed with Catering Manager the importance of menus to reflect the food being served and in a format suitable for residents to read. Going forward the Catering Manager/Cook will be overseeing this. The Registered Manager will monitor compliance.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)