# Unannounced Care Inspection Report
# 21 October 2019

# Mahon Hall

**Type of Service: Nursing Home**
**Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF**
**Tel No: 028 3835 0981**
**Inspector: Gillian Dowds**

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for


## 2.0 Profile of service

This is a registered nursing home which provides care for up to 44 patients.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Four Seasons Healthcare<br><br>**Responsible Individual:**<br>Dr Maureen Claire Royston | **Registered Manager and date registered:**<br>Zoe Lewis<br>Acting Manager |
| **Person in charge at the time of inspection:**<br>Zoe Lewis | **Number of registered places:**<br>44 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>44<br>Category NH-PH for 1 identified individual only. There shall be a maximum of 3 named residents receiving residential care in category RC-I. |

## 4.0 Inspection summary

An unannounced care inspection took place on 21 October 2019 from 09.30 hours to 18.30 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.

The term ‘patient’ is used to describe those living in Mahon Hall which provides both nursing and residential care.

Evidence of good practice was found in relation to activities in regard to the post cards scheme, staff interactions with patients, staff meetings, training and recruitment.

Areas requiring improvement were identified regarding infection prevention control, provision of meals, menus, wound care, medication management, care plans for modified diets, audits , monthly monitoring reports and oversight of the supplementary care records by registered nurses.

Patients described living in the home as being a good experience/ in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them 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 patients’ experience.

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | *4 | 6 |

*The total number of areas for improvement includes one that has been stated for a third time.

Details of the Quality Improvement Plan (QIP) were discussed with Zoe Lewis, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

Senior management from Mahon Hall were invited to RQIA for meeting to discuss the inspection findings on 28 October 2019. This meeting was attended by Zoe Lewis, manager, Patricia Greatbanks, Regional Manager and Louisa Rea, Head of Operational Quality. An action plan was submitted to provide assurances to RQIA that action would be taken to address the issues identified.

## 4.2 Action/enforcement taken following the most recent inspection dated 14 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2019. 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 previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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 patients 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.
A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 14 to 27 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the monthly monitoring reports from January 2019
- RQIA registration certificate.

Areas for improvement identified at the last 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(s)

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1<br><br>Ref: Regulation 12<br><br>Stated: Second time</td><td>The registered person shall ensure that food served in the home meets the assessed dietary requirement for the patient to whom the food is served at all times.<br><br>Ref: 6.2 and 6.5</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br><br>Observation of the meal time evidenced that staff did not demonstrate knowledge of individual dietary requirements.</td></tr>
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| | | |
|---|---|---|
| **Area for improvement 2**<br><br>**Ref:** Regulation 14 (2) (a) (c)<br><br>**Stated:** First time | The registered person shall ensure that chemicals in the home are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health.<br><br>Ref: 6.4 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Observations of the environment evidenced that chemicals were stored appropriately.<br>This area for improvement has been met. | |
| **Action required to ensure compliance with The Care Standards for Nursing Homes (2015)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | The registered person shall ensure that all staff employed are aware of the correct responses to take when a person is choking.<br><br>Ref: Section 6.4 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Staff spoken to were aware of the actions to take if a patient chokes.<br><br>This area for improvement has been met. | |
| **Area for improvement 2**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time | The registered person shall ensure that all patients' fluids, required to be thickened for consumption, are thickened with prescribed products only.<br><br>Ref: 6.4 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Only prescribed thickening agents were in use.<br>This area for improvement has been met. | |

## 6.2 Inspection findings

## 6.3 Is care safe?

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

The manager confirmed the planned staffing levels for the home. We reviewed the staff duty rota from 14 to 27 October 2019 which confirmed that the planned staffing levels were achieved. We also saw that administrative, catering and housekeeping staff were on duty every day to support the delivery of care. However, we did discuss staffing levels with the manager who agreed that a review of the patient dependencies would be done. One visitor spoken to felt that the home was short staffed. This was discussed with the manager who confirmed that there was no staff sickness reported on the day of inspection. We discussed staffing levels further at the meeting at RQIA and it was confirmed that the staffing levels had been adjusted for the afternoon shift. This area will be reviewed at the next care inspection.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. One patient/relative questionnaire was returned and this indicated that they were dissatisfied with the staffing levels; this was passed to the manager for her consideration.

Patients able to express their opinions said that they were well cared for and that staff were kind. Those unable to express their feelings looked comfortable in their surroundings.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. However we did identify armchairs, cushions and some side tables with the integrity breached; as a result these could not be effectively cleaned; an area for improvement was identified.

We observed a fire door to the staff area propped open as the locking mechanism was broken; we discussed this with the manager at the time and this was fixed by maintenance.

We reviewed two staff recruitment records and discussed the recruitment process with the manager. This confirmed that staff were recruited safely. A system was in place to ensure staff were competent and capable to do their job and this was kept under regular review.

Staff confirmed that they had received mandatory training and were aware of their role in protecting patients and how to report concerns about patient or staff practice.

Records reviewed identified staff were aware what actions to take to manage a patient who has fallen.

**Areas for improvement**

The following area for improvement was identified in relation to IPC.

| | | |
|---|---|---|
| **Total number of areas for improvement** | 1 | 0 |

**6.4 Is care effective?**

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

We observed the delivery of care and staff were observed attending to patients' needs in a friendly and caring manner.

We reviewed four patients' care records which evidenced that relevant risk assessments were completed when each patient was admitted to the home and that care plans had been developed to manage the identified care needs. Risk assessments and care plans had been reviewed at least monthly.

A number of areas requiring improvement in relation to record keeping and care planning were identified as follows:

- an identified wound had no supporting documentation
- nutrition care plans were not fully reflective or not reflective of speech and language therapist (SALT) /International Dysphagia Diet Standardisation Initiative (IDDSI ) guidelines.
- pressure mattress settings were not recorded in the care plan or evaluation
- review of the supplementary care records for bowel monitoring, food and fluid intake and repositioning had not been evaluated or reviewed by nursing staff on a daily or monthly basis.

During the review of the care records it was also identified that a patient, who required a transdermal patch for pain relief, had not had this replaced until the following morning although it had come off during the night. An area for improvement was identified.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager on a monthly basis.

Staff also confirmed that there was good and effective teamwork. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge. It was evident that staff knew their role and responsibilities.

**Areas for improvement**

The following areas were identified for improvement in relation to wound care, management of a transdermal patch, oversight of supplementary care, pressure mattress settings and care plans reflective of SALT/IDDSI.

| | **Regulations** | **Standards** |
|---|---|---|
| **Total number of areas for improvement** | 1 | 4 |

**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 patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room.

During the meal times observed we saw that staff were providing support to patients as they needed it. However there was confusion when we asked staff about a patient in receipt of a modified diet and what level of diet was recommended according to the speech and language therapist (SALT). The patient's meal had to be returned to the kitchen and a different meal was brought for the patient. The need to meet patients' assessed dietary requirements had been identified at previous inspections. It was concerning that this area for improvement has not been met given the time elapsed. This was discussed at the meeting at RQIA and further training and supervision for staff was agreed.

The menu on display was not reflective of the day's meals and it also was identified that there was only one of the meal options available for patients who required a modified diet. An area for improvement was identified.

Patients told us that they were receiving good care from friendly, caring, respectful staff.

Patients and the relative we spoke with confirmed that patients had the choice to participate in various activities and we discussed the recent news article "Postcards from around the world" with the personal activities leader who confirmed they are looking forward to receiving more postcards from people all around the world.

We also reviewed compliments/cards received by the home. Comments recorded included the following:

- "Thank you for all the kindness you have shown."
- "To all the staff thank you for your kindness and care."
- "A big thank you."

We also provided questionnaires for patients and family members; one was returned as discussed in section 6.3.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

**Areas for improvement**

The following additional area was identified for improvement in relation to the menu options for those on modified diet.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1 |

**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.**

Since the last care inspection in January 2019, Zoe Lewis has been appointed as the manager of the nursing home. RQIA were notified of the changes as required. Staff spoke positively about the new manager.

Records reviewed evidenced ongoing staff supervision and an appraisal schedule. There was also evidence of regular staff meetings.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

We saw that audits were undertaken regularly. RQIA were concerned that the shortfalls identified in the inspection were not identified during the audit process. An area for improvement was identified. We discussed this during the meeting and discussed how the manager is to be supported in her new role.

The responsible individual's monthly quality monitoring reports from January 2019 were available in the home. We reviewed a sample of these reports and found that any areas for action identified, some which had been restated, did not have completion dates for action to be taken included. An area for improvement was identified.

There was evidence that the manager analysed the incidence of falls occurring in the home on a monthly basis. This analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

We also invited staff to provide comments via an online questionnaire. None were received.

**Areas for improvement**

The following areas were identified for improvement in relation to monthly monitoring reports and robust auditing.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 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 Nursing Homes Regulations (Northern Ireland) 2005 | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Regulation 12<br><br>**Stated:** Third time | The registered person shall ensure that food served in the home meets the assessed dietary requirement for the patient to whom the food is served at all times.<br><br>Ref: 6.1 and 6.5 |
| **To be completed by:**<br>Immediately from time of inspection | **Response by registered person detailing the actions taken:**<br>An audit was completed for residents at risk of choking, this was cross referenced to care plans and associated risk assessments. Catering staff refer to diet notifications for residents dietary requirements. Staff have received training on IDDSI. Serving of main meals are supervisied by the Nurse as an additional check that food served meets the residents assessed dietary requirements. Registered Manager will monitor compliance through daily walk arounds.Nutrition Policy cascaded to all staff. |
| **Area for improvement 2**<br><br>**Ref:** Regulation13 (7)<br><br>**Stated:** First time | The registered person shall ensure that the IPC issues raised in this report are dealt with.<br><br>Ref: 6.3 |
| **To be completed by:** 31 December 2019 | **Response by registered person detailing the actions taken:**<br>Registered Manager has completed an overview of the environment, areas addressed includes bedrail bumper replacements, arm chairs and various items for dining rooms. A rolling programme in place for radiators and bed side tables. Infection control link person has been identified, supervision completed to advise on how to complete IPC audits and action plans if required. Infection control policy is available to staff. |
| **Area for improvement 3**<br><br>**Ref:** Regulation 12 (1) (a) (b)<br><br>**Stated:** First time | The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.<br><br>Ref:6.4 |
| **To be completed by:**<br>Immediately from day of inspection | **Response by registered person detailing the actions taken:**<br>Registered Manager has completed a baseline wound audit and cross reference made to care plan and associated risk assessments. Manager monitoring progress by reviewing wound and recording on care plan evaluation and datix. Staff have received training on accountability and documentation. Prevention of pressure ulcer and wound care policy is available to staff. Matrix of wound competency maintained.Registered Manager will monitor record keeping compliance through daily walk arounds |

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| **Area for improvement 4**<br><br>**Ref:** Regulation 29<br><br>**Stated:** First time<br><br>**To be completed by:** 31 December 2019 | The registered person shall ensure the report undertaken in accordance to Regulation 29 is sufficiently robust, reflects the conduct of the nursing home and identifies clearly when and how the deficits in the quality of nursing or other services provided. Action plans should be completed where areas for action are identified and should be signed and dated when completed.<br><br>Ref: 6.6 |
| | **Response by registered person detailing the actions taken:**<br>Registered Manager on receipt of Regulation 29 report shall share the action plan within the report with staff for future learning. The action plan will be a working document and as deficits are addressed the action plan shall be updated until the loop is closed at which stage it can be dated and signed on completion. |
| **Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:** 16 December 2019 | The registered person should review the documentation and record keeping in relation to transdermal patches to ensure that they are fully and accurately completed. These should be managed in line with legislative and professional guidance.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Registered Manager has shared the SOP for controlled drugs. Monthly medication audit includes transdermal patches and on review no issues have been identified. Manager monitors staff training on the Boots module through SOAR. |
| **Area for improvement 2**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:** 16 December 2019 | The registered person shall ensure that care plan monthly review and daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Registered Manager retains a template that registered staff record when they evaluate monthly care plan and associated risk assessments. Manager records on this template when spot checks have been completed to monitor compliance of evaluations that they are meaningful, person centred and inclusive of supplementary care. Staff have received training on accountability and documentation. |
| **Area for improvement 3**<br><br>**Ref**: Standard 12<br><br>**Stated:** First time<br><br>**To be completed by:** immediately from time of inspection | The registered person shall ensure care plans for patients who require a modified diet are reflective of the current SALT/IDDSI guidelines.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Residents at risk of choking audit has been completed and cross referenced to care plans and associated risk assessments to validate |

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|---|---|
| | that the prescribed modified diet is inclusive and reflects SALT and IDDSI guidelines. Staff have received training on IDDSI. |
| **Area for improvement 4**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:** 30 December 2019 | The registered person shall ensure that patients' care records accurately reflect the type of mattress required, the prescribed setting for individual patients and that these are evaluated regularly. Evidence of this evaluation must be clearly documented.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Registered Manager has commenced a mattress audit and cross referenced to care plan and supplementary booklets to ensure that the mattress type and setting is recorded. Mattress setting is checked twice daily and recorded. Manager shall monitor compliance through daily walk arounds. |
| **Area for improvement 5**<br><br>**Ref**: Standard 12<br><br>**Stated:** First time<br><br>**To be completed by:** immediately from time of inspection | The registered person shall ensure those patients who require a modified diet have a choice for their meals.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>Residents are advised the day before of the menu choice. Alternative meals are available if required. Residents who require modified diet will receive from the available menu. Registered Manager or nurse in charge to monitor that the menu inclusive of modified diet displayed is served. Annual review of Food questionnaires commenced January 2020. |
| **Area for improvement 6**<br><br>**Ref**: Standard 35<br><br>**Stated:** First time<br><br>**To be completed by:** 1 January 2020 | The registered person shall ensure that a robust system is in place for auditing. Such governance audits shall be completed in accordance with legislative requirements minimum standards and current best practice.<br><br>Ref: 6.6 |
| | **Response by registered person detailing the actions taken:**<br>On completion of governance audits and deficits are identified, an action plan shall be compiled and shared with staff for future learning. Registered Manager will review action plan and update same as deficits are addressed. When loop is closed the action plan shall be dated and signed off. Compliance to be monitored through Regulation 29 visits. |

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

The Regulation and Quality Improvement Authority

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