



Inspector: Dermot Walsh
Inspection ID: IN021831

Mahon House
RQIA ID: 1489
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**Unannounced Care Inspection
of
Mahon Hall**

1 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 1 September 2015 from 10.00 to 17.15.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**
Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Mahon Hall which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

The total number includes both new and restated recommendations.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Acting Regional Manager, Heather Murray, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	Registered Manager: Cheryl King (Acting)
Person in Charge of the Home at the Time of Inspection: Sr. Zoe Lewis 09.00 – 10.00 Acting Manager, Cheryl King 10.00 – 13.00 Acting Regional Manager, Heather Murray 13.00 – 17.15	Date Manager Registered: Application not yet submitted
Categories of Care: NH-PH, RC-DE, RC-I, RC-PH, RC-PH(E), NH-I	Number of Registered Places: 60
Number of Patients Accommodated on Day of Inspection: 55	Weekly Tariff at Time of Inspection: £470 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, the inspector met with 15 patients, six care staff, two staff nurses, one maintenance man and three patient representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Mahon Hall was an unannounced care inspection dated 20 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.3 Stated: Second time	Repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.	Not Met
	Action taken as confirmed during the inspection: A review of six repositioning charts identified no documented evidence or poorly completed documented evidence of skin inspection of pressure areas at the time of repositioning.	
Recommendation 2 Ref: Standard 19.1 Stated: First time	The registered person should ensure that bowel assessments are completed for patients/residents who require continence management.	Met
	Action taken as confirmed during the inspection: Bowel assessments were completed on four patient care records reviewed for patients who require continence management.	

<p>Recommendation 3</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>The registered person should ensure that care plans are developed in consultation with the patient/resident and/or their representative.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of four patient care records evidenced consultation with patients and/or their representative.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person must ensure that a daily menu is displayed in a suitable format and in an appropriate location, so that patients/residents and their representatives know what is available at each mealtime.</p> <hr/> <p>Action taken as confirmed during the inspection: Menus are now displayed on every table informing patients of the choice of food for the corresponding mealtime.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person should ensure that staffing levels are kept under review to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients/residents in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the staff duty rota week commencing 24 August 2015 evidenced sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 34.1</p> <p>Stated: First time</p>	<p>The registered person should review the provision of hairdressing for all patients to ensure that it is in keeping with good infection prevention and control practice.</p> <hr/> <p>Action taken as confirmed during the inspection: The current hairdressing provision in the home is not in keeping with infection prevention and control practice. A room has been identified to provide hairdressing; however, this is still in the planning process.</p>	<p>Not Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was not available on communication. This was discussed with the acting regional manager and copies of the communication policies were forwarded to the inspector following inspection. Regional guidance on Breaking Bad News was available in the home. Discussion with six staff confirmed that they were knowledgeable regarding breaking bad news.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training, which involved 21 staff, included residents' experience training where staff are put in the place of the patients and offered similar experiences as patients would face on a regular day. Communicating effectively with patients and their families/representatives is also incorporated within palliative care training. Six staff have completed the palliative care training. A further training date has been requested. Online palliative care training has been completed by 35% of staff.

Is Care Effective? (Quality of Management)

Two out of four care records reflected patient individual needs and wishes regarding the end of life care. Recordings within records included reference to the patient's specific communication needs.

There was evidence within three records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs. Patients are asked to complete a patient questionnaire twice yearly to quality assure their satisfaction with catering, personal care, daily living, social activities and home comforts. This was noted as commendable practice.

Two registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of an environmentally quiet private area to talk to the recipient and the importance of using a soft calm tone of voice as well as using language appropriate to the listener. Staff also described the importance of reassurance and allowing time for questions or concerns to be voiced. Care staff were also knowledgeable on breaking bad news and offered similar examples when they have supported patients when delivering bad news. A best practice guideline on Breaking Bad News was available in the Home.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients generally were observed to be treated with dignity and respect. However, the current hairdressing arrangement involves patients having their hair washed in a bathroom on the nursing unit and hair dressed in an open communal area outside the bathroom. This was viewed as undignified for the patients and following a conversation with the acting regional manager, it was agreed that alternative arrangements would be pursued. It was acknowledged that planning was in progress for the creation of a hairdressing facility within the home. A recommendation has been stated for the second time.

The inspection process allowed for consultation with 15 patients individually and others in small groups. All patients stated they were very happy with the care they were receiving in Mahon Hall. They confirmed that staff were polite and courteous and they felt safe in the home.

One patient representative confirmed that staff had always informed them of any change to care delivery. Other patient representative comments are recorded in section 5.5.1 below.

Areas for Improvement

There were no areas of improvement identified for the home in respect to communication.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home which made reference to best practice guidance such as the Gain Palliative Care Guidelines, November 2013. A copy of the GAIN guidelines was present and available to staff as required.

A bereavement resource pack has been compiled in the home including guidance on coping with bereavement; guidance on management of symptoms in adults in last days of life; information and guidance after the death of a relative or friend in a nursing or residential home and a palliative and end of life care manual. An information leaflet on Coping with Bereavement was available at the entrance to the home. The manager is currently in the process of developing a 'What to do in the event of' file, including action to take when a fall, a medication error or an outbreak of infectious disease occurs. The manager intends to include the death of a patient and accessing equipment/drugs out of hours into the content of the file.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013. Online palliative care training had been completed by 35% of the staff. Face to face palliative care training has been attended by six staff. In May/June 2015, all staff were given a palliative care and end of life care workbook entitled, 'Death, Dying, Bereavement and Loss,' for completion. On the day of inspection, 18 out of 48 workbooks had been completed and returned. One staff member has completed recent training on the use of syringe drivers. The manager is currently sourcing syringe driver training for additional staff.

Discussion with the registered staff confirmed that arrangements were in place for staff to make referrals to specialist palliative care services.

Discussion with the manager and five staff evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was not in place. This was discussed with the registered manager and it was agreed a protocol should be developed to guide staff. A recommendation has been made.

There is an identified palliative care link nurse for the home.

Is Care Effective? (Quality of Management)

Discussion with the registered manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. A quiet room has been identified for family/friends to have a private conversation or a rest. Staff consulted were aware of the importance of providing refreshments at this time.

A review of notifications of death to RQIA during the previous inspection year, were deemed to be appropriate.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Some compliments were as follows:

'Knowing our mum was so well looked after in her last few weeks was a great comfort to us.'
'We would like to thank you for all your dedicated care and loving attention you gave our mother.'

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

Areas for Improvement

A protocol for timely access to any specialist equipment or drugs should be developed.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1. Consultation with patients, their representatives and staff

During the inspection process, 15 patients, nine staff, and three patient representatives were consulted to ascertain their personal view of life in Mahon Hall. Eight staff questionnaires were completed and returned. Overall, the feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Mahon Hall.

A few patient comments are detailed below:

'The girls couldn't do any more for you.'

'Love the food and love the freedom. We're looked after brilliantly here.'

'We are very well looked after. I love it here.'

Patient representatives consulted were very positive about the care and confirmed that staff were very friendly and care delivered was of a good standard.

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are detailed below:

'I love working here.'

'The work is very hard but I enjoy it.'

'All in all the care in Mahon Hall is exceptionally good.'

5.5.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious.

However, a range of matters were identified within the home that were not managed in accordance with infection prevention and control guidelines:

- not all signage was laminated to ensure the surface may be cleaned
- the type of shelving used in the identified storage area did not have a cleanable surface
- inappropriate storage in identified rooms
- the tops of wardrobes checked were dusty
- rusty commodes and shower chairs were in use
- identified toilet seats and commode chairs had not been cleaned after use
- the pull cord in the identified shower room did not have the cleanable plastic coating surrounding it

All of the above was discussed with the acting regional manager on the day of inspection.

An assurance was given by the acting regional manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made for management systems to be in place to ensure the home's compliance with best practice in infection prevention and control.

5.5.3. Documentation

A review of four patient care records evidenced that communication around end of life issues had occurred. However, end of life care plans had not been fully developed and incorporated into the patients' plan of care. A recommendation has been made.

A review of six repositioning charts identified no documented evidence or poorly completed documented evidence of skin inspection of pressure areas at the time of repositioning. This was concerning as a recommendation identifying this deficit had been stated twice before following previous inspections. Following further discussion with the acting regional manager, an assurance was given, that repositioning charts would be completed in full to include skin inspections and this would be monitored by the manager to ensure compliance. This recommendation has been stated for the third time.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Acting Regional Manager Heather Murray as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.3</p> <p>Stated: Third time</p> <p>To be Completed by: 30 September 2015</p>	<p>Repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>Ref: Section 5.5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been raised with all staff again. Records are being checked on a daily basis and improvement has been noted. Supervision will be undertaken with any staff member identified as not complying</p>
<p>Recommendation 2</p> <p>Ref: Standard 34.1</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered person should review the provision of hairdressing for all patients to ensure that it is in keeping with good infection, prevention and control practice.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A new hairdressing room has been identified and a variation form has been submitted to RQIA. Awaiting costings from the contractor.</p>
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 14 October 2015</p>	<p>The registered person should ensure that a protocol for timely access to any specialist equipment or drugs is developed.</p> <p>A system to implement the protocol should confirm that all relevant staff have read the document with evidence of staff signature and date.</p> <p>Ref: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A guide has been formulated for all staff and has been implemented in the " what to do in the event of" folder in each unit.</p>

Recommendation 4 Ref: Standard 46 Criteria (1) (2) Stated: First time To be Completed by: 30 September 2015	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection. Ref: Section 5.5.2		
	Response by Registered Person(s) Detailing the Actions Taken: The current systems have been revised and shared with the domestic team and staff. The areas identified during inspection have now been addressed. The manager will continue to monitor closely.		
Recommendation 5 Ref: Standard 32 Criteria (1) Stated: First time To be Completed by: 30 October 2015	The registered person should ensure that registered nurses develop care plans, as relevant, on patients requiring end of life care. Care plans should include patients' and/or their representatives': <ul style="list-style-type: none"> • Individual needs and wishes • Cultural, spiritual and religious preferences Ref: Section 5.5.3		
	Response by Registered Manager Detailing the Actions Taken: This has been raised with staff and care plans will be reviewed via audit.		
Registered Manager Completing QIP	Cheryl King	Date Completed	23/09/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	28.09.15
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	23.10.15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address