

Inspection Report

9 August 2022



Mahon Hall

Type of service: Nursing Home
Address: 16 Mahon Hall, Portadown, Craigavon, BT62 3EF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: Ann's Care Homes Limited</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p> | <p>Registered Manager: Ms Zoe Lewis</p> <p>Date registered: 23 February 2021</p> |
| <p>Person in charge at the time of inspection: Maria Yrastorza, Registered Nurse 8.25 am – 9am Ms Zoe Lewis, Manager 9am – 4.25pm</p> | <p>Number of registered places: 44</p> <p>There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p> |
| <p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 39</p> |
| <p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 44 people. The home is divided in two units over two floors with access to lounges, dining rooms and an outdoor space. Mahon Hall Residential Care Home is also located in the same building and the Registered Manager for this home manages both services.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 9 August 2022, from 8.25am to 4.25pm by a 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. One area for improvement relating to pressure area care has been stated for a second time.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team 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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included; "Very good care here", "Great place", "I feel safe here" and "Staff are very friendly." One questionnaire was received from a relative indicating they were very satisfied with the overall provision of care.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. There were mixed views regarding staffing levels with some staff stating they were satisfied with staffing levels and others stating that staffing levels were inconsistent. Comments from staff included; "Good induction", "I love working here", "It has been very busy with turnover of staff" and "There have been staffing issues but things are much better now." There was no feedback from the staff online survey.

One relative was consulted with during the inspection; they commented positively about the care provided, communication, the Manager and the staff. Comments included "(The) staff are all very friendly and attentive", "Very happy with the care", "(Relative) is getting well looked after here", "Staff are very friendly" and "No concerns."

Comments received during the inspection were shared with the management team to action where necessary.

5.0 The inspection

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

| Areas for improvement from the last inspection on 14 April 2022 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 12 (1) Stated: First time | The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • that the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. | Partially met |
| | Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the Manager evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.5.2. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 12 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Observation of the dining rooms and discussion with the Manager evidenced that this area for improvement had been met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of a sample of employee recruitment records evidenced that appropriate employment checks had been carried out in line with best practice.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. However, as mentioned above in section 4.0 there were mixed views from staff regarding staffing levels and comments were shared with the management team to action where necessary.

Observation of the delivery of care during the inspection evidenced that there was enough staff to attend to patient's needs. 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.

The inspector reviewed five staff competency and capability assessments for the nurse in charge in the absence of the Manager and found these to be completed.

A record of staff supervision and appraisals was maintained by the Manager with staff names and the date that the supervision/appraisal had taken place.

Patients said that they felt well looked after by the staff and were very happy in Mahon Hall. One patient commented "First class here" and another patient referred to the staff as being "Very friendly."

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. On review of repositioning records gaps were identified within charts where the patient had not been repositioned as per their care plan. This was discussed with the management team and an area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Some patients were seated within the dining room, whilst others were either seated within one of the lounges or their bedroom. Discussion with staff and a number of patients evidenced that this was their personal choice.

Patients who choose to have their lunch in their bedroom or lounges had trays delivered to them and whilst the main meal was covered on transport the desserts were uncovered. This was discussed with the management team who addressed this during the inspection and agreed to monitor going forward.

There was a choice of meals offered and patients said they very much enjoyed the food provided in the home. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. A menu was displayed at each table within the main dining rooms which was reflective of the meals that were served.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

Review of three patients' care records evidenced that the majority of care plans and risk assessments were reviewed regularly. A small number of deficits were identified and discussed with the management team who agreed to have these amended. Following the inspection written confirmation was received from the management team that relevant action had been taken to address these deficits.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. Corridors and fire exits were clear of clutter and obstruction.

There were a number of deficits identified within the environment that required repair. Details were discussed with the management team who agreed to address these deficits as a matter of priority. Following the inspection the management team provided written confirmation that all relevant repairs had been completed.

The garden and outdoor spaces were well maintained with areas for patients to sit and rest. The management team confirmed that refurbishment works were ongoing including the painting of walls, replacement of identified floor coverings and furniture to ensure the home is well maintained.

Review of the laundry room identified dust/debris behind the tumble dryers and washing machines. The potential risks were discussed with the management team and an area for improvement was identified. During the inspection these areas were cleaned and written confirmation was received from the management team following the inspection of the action taken to address this going forward.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Observation of the environment and staff practices evidenced that they were not consistently adhering to IPC measures. For example; the inappropriate storage of patient equipment and the wearing of personal protective equipment (PPE). Details were discussed with the management team who acknowledged that these findings were not in keeping with IPC best practice and whilst these issues were addressed during the inspection, an area for improvement was stated to ensure ongoing compliance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and were seen to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; "(The) food is very good" and "I like the food very much."

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Responsible Individual and the organisation.

A system was in place to monitor accidents and incidents that happened in the home which was notified, if required, to patients' next of kin and their care Manager. However, a safeguarding incident had not been notified to RQIA. This was discussed with the Manager who submitted the relevant notification prior to the completion of the inspection.

Audits were in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made. However, hand hygiene audits did not contain the details of the deficits identified and an area for improvement was stated.

The home was visited each month by a representative of the Responsible Individual 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 and available for review by patients, their representatives, the Trust and RQIA.

6.0 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 the Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
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| Total number of Areas for Improvement | 1* | 3 |

* The total number of areas for improvement includes one regulation which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Zoe Lewis, Registered Manager and Ms Patricia Greatbanks, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 12 (1) Stated: Second time To be completed by: 9 September 2022 | <p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Registered Manager with Nursing staff have reviewed Residents who require repositioning ensuring that their prescribed care plan is being followed and reflects their repositioning booklet. Registered Manager will continue to spot check records during walk about and Nursing Staff will continue to review and sign off records during shift.</p> |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure that a schedule of cleaning within the laundry room is completed for areas behind the tumble dryers and washing machines with ongoing monitoring by management.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Registered Manager has reviewed the existing schedule with laundry and maintenance staff and reiterated their responsibility to complete and update the schedule when cleaning is completed. This will be monitored by Registered Manager and House Keeper who will evidence spot checks.</p> |
| Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure that a system is implemented to monitor ongoing compliance with the IPC issues identified during the inspection.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Registered Manager has discussed with all staff the importance of not storing Resident equipment in bathroom/toilet areas. All staff have been reminded of their personal responsibility to wear PPE correctly. Both areas will be monitored by Nursing staff during shift and also by Registered Manager during walkabout.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> | <p>The registered person shall ensure that audits of hand hygiene include details of any identified deficit with an action plan, time frame and follow up.</p> <p>Ref: 5.2.5</p> |
| <p>To be completed by: 9 September 2022</p> | <p>Response by registered person detailing the actions taken: Registered Manager has advised link Nurse if a deficit is noted when completing audit to devise an action plan setting out the deficit, any action taken at the time, the time frame for deficit to be fully addressed, the follow up required to be signed off by Manager allowing the loop to be closed.</p> |

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