

Inspection Report

27 April 2023



Mahon Hall

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ann's Care Homes Registered Person: Mrs Charmaine Hamilton	Registered Manager: Ms Zoe Lewis Date registered: 23 February 2021
Person in charge at the time of inspection: Zoe Lewis	Number of registered places: 44 There shall be a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: The 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	

2.0 Inspection summary

An unannounced inspection took place on 27 April 2023 from 09:40am to 4:50pm 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "it's first class here, it's like a home from home" and "staff are very friendly and food is perfect". Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires following the inspection. No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team

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 9 August 2022		
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: Second 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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 44 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that a system is implemented to monitor ongoing compliance with the IPC issues identified during the inspection.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 35 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of newly appointed employees' recruitment records evidenced that reasons for gaps of employment were not always explored. This was discussed with the management team and an area for improvement was identified.

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). A record was maintained by the manager of any registrations pending with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a “handover” at the beginning of each shift to discuss any changes in the needs of the patients.

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.

A number of patients’ toothbrushes were observed to be unused and some were unclean. This was discussed with the manager and identified as an area for improvement.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the patients’ needs.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not consistently recorded. This was identified as an area for improvement.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Care plans reflected the patients’ needs regarding the use of pressure relieving mattresses.

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.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals. Discussion with staff confirmed that the planned menu was not always adhered to due to a number of external factors. This was discussed with the management team and assurances were given that a record would be kept of any variations to the menu, this will be reviewed at the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients’ bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. A small number of bedroom carpets requiring replacing, confirmation was received from the regional manager after the inspection that a date had been arranged for this.

Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 23 February 2023. An Action Plan was in place to address the recommendations made by the fire risk assessor. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Ms Zoe Lewis has been the manager since 23 February 2021.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly. There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) 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 reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

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
Total number of Areas for Improvement	1	2

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 1 (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that regional post falls protocols are adhered to in respect of the monitoring and recording of neurological observations. Ref: 5.2.2 Response by registered person detailing the actions taken: The Registered Manager has discussed the regional post falls protocol with all Registered Nurses at a recent meeting 29.5.23. Supervision has also commenced using the Falls pack & Neurological policy. Trust has advised that they will further support the home with training on falls and a date is awaiting. The Registered Manager will check protocols are adhered to when completing their investigation section of falls.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 38 (3)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that before staff commence working in the home that all gaps in employment are explored and recorded.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager is aware to check employment history on all application forms to ensure that no gaps are evident. Should a gap be noted the Registered Manager will scope this out with applicant and record their explanation. The starter checklist form has been updated to include Registered Managers sign off on compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The Registered person shall ensure patients' oral care is attended to and toothbrushes are cleaned after use.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken</p> <p>Care staff were completing general checking of Residents personal items in their bedrooms mid morning on the day of inspection which included replenishing new toothbrushes, this may have appeared that the identified toothbrushes were not used. For those Residents, oral care had been completed and evidenced as per daily care sheets. It is accepted that a few other toothbrushes appeared unclean. The Registered Manager has discussed this with staff and reiterated the importance of complying to Oral health policy. This will be monitored during the walkabouts completed by Registered Manager and or Deputy Manager.</p>

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