Unannounced Care Inspection Report
30 January 2020

Mahon Hall

Type of Service: Nursing Home (NH)
Address: 16 Mahon Road, Portadown, Craigavon BT62 3EF
Tel No: 028 3835 0981
Inspectors: Gillian Dowds and Mandy Ellis

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 nursing home registered to provide nursing care for up to 44 persons and residential care for three named residents.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Maureen Claire Royston	**Registered Manager and date registered:** Zoe Lewis Acting Manager
Person in charge at the time of inspection: Zoe Lewis	**Number of registered places:** 44 Category NH-PH for one named individual only. There shall be a maximum of 3 named residents receiving residential care in the category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	**Number of patients accommodated in the nursing home on the day of this inspection:** 43

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 10.00 to 18.00 hours.

The inspection sought to assess progress with issues raised from the previous care inspection on 21 October 2019.

Evidence of good practice was found with the provision of staffing, attention to patients' appearance and personalisation of patients' bedrooms. Staff were knowledgeable of patients' needs and their dietary requirements.

Areas for improvement were identified in relation to fire safety, patient access to chemicals and thickening agents, care records and the action to take in the event of a patient choking.

The following areas were examined during the inspection:

- staffing
- environment
- meals and mealtimes
- governance systems
- care records

Patients' comments will be included in the body of the 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.

The term 'patients' is used to describe those living in Mahon Hall which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4*	5*

*The total number of improvements includes two regulations and three standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Zoe Lewis, manager and Judy Derby, interim regional support manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and service delivery in Mahon Hall was below the standard expected. A decision was made to invite the registered persons to a serious concerns meeting in relation to management oversight in the home, infection prevention and control (IPC) procedures and ineffective cleaning of equipment, Fire safety procedures whereby chairs were left in a corridor occluding a fire exit, access to hazards and the management of wound care. This meeting took place on 5 January 2020.

At this meeting the manager and Ruth Burrows, Head of Operational Quality, acknowledged the deficits identified and provided a full account of the actions and arrangements put into place to ensure the necessary improvements. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) for details.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 21 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 October 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with five patients, two patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/patients' relatives'/representatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rotas
- five patient care records
- three patient supplementary care records
- two wound care records
- a sample of governance audits
- monthly monitoring reports from October 2019
- staff training records
- accident /incident analysis
- staff appraisal matrix

Areas for improvement identified at the last care 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)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 12 **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.	**Met**
	Action taken as confirmed during the inspection: Observation of the dining experience at lunchtime evidenced good communication with staff, nurse directing staff and staff were knowledgeable of the dietary requirements of the patients. The meal served was presented in an appetising manner.	
Area for improvement 2 **Ref:** Regulation13 (7) **Stated:** First time	The registered person shall ensure that the IPC issues raised in this report are dealt with.	**Not met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced that there had been replacement of some furniture items. However we observed that some crash mats in use in the home were torn, there was ineffective cleaning of equipment, pull cords were uncovered in various toilet/bathrooms, side tables were worn and a lounge chair was torn. This area for improvement will be stated for a second time.	

Area for improvement 3 **Ref:** Regulation 12 (1) (a) (b) **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.	**Not met**
	Action taken as confirmed during the inspection: A review of records found inconsistencies in wound care documentation. For example, care plans were either not in place or were not reflective of the patients' need. Body maps were not accurate. This area for improvement will be stated for a second time.	
Area for improvement 4 **Ref:** Regulation 29 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of records confirmed that action plans were developed and signed when completed.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Records reviewed indicated that trans dermal patches were managed in line with legislative and professional guidance.	

Area for improvement 2 **Ref**: Standard 4 **Stated:** First time	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.	**Partially met**
	Action taken as confirmed during the inspection: Whilst improvements were noted, evaluations were not fully patient centred and oversight of the supplementary care was not consistent throughout. This area for improvement will be stated for a second time.	
Area for improvement 3 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure care plans for patients who require a modified diet are reflective of the current SALT/IDDSI guidelines.	**Met**
	Action taken as confirmed during the inspection: Records reviewed indicated that care plans for those patients requiring a modified diet were reflective of current SALT/IDDSI guidelines.	
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time	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.	**Partially met**
	Action taken as confirmed during the inspection: Care plan reviewed reflected the mattress type and setting though this was not reflected in the evaluation. This area for improvement will be stated for a second time.	

Area for improvement 5 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure those patients who require a modified diet have a choice for their meals.	**Met**
	Action taken as confirmed during the inspection: Observation of the serving of lunch and discussion with staff and patients indicated that there was two meal options available for those on a modified diet.	
Area for improvement 6 **Ref**: Standard 35 **Stated:** First time	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.	**Partially Met**
	Action taken as confirmed during the inspection: Audits reviewed such as care records and environmental audits identified actions required and these were signed and dated when completed. However in view of the shortfalls identified in the inspection a focus on the quality of these audits is required. Audits are further discussed in section 6.6.	

6.2 Inspection findings

Staffing

The manager confirmed the staffing levels for the home and that these levels were kept under review. A review of the staff rota from 20 January 2020 to 2 February 2020 indicated that these staffing levels were adhered to; and that there were systems in place to manage short notice absences. The manager confirmed an increase of one care staff in the afternoon after the previous inspection. Staff spoken to were generally satisfied with the staffing levels and that, previous issues with a lack of staff had been addressed. We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. We received one staff response.

It indicated that they felt the home was not adequately staffed to meet the needs of the patients. Staff comments and response to the survey was discussed with the manager to address as required.

Patients spoken to were mostly positive about the staffing levels in the home. Comments included:

- "They come, they are very good."
- Staff are "friendly, there is enough of them."

One patient did comment that staff were busy but that they did get help when needed. All comments were shared with the manager.

Ten patient/relatives' questionnaires were left in the home to obtain feedback from patients and visitors. Three were returned and all indicated they were satisfied or very satisfied with the service in Mahon Hall; these responses were also shared with the manager.

We observed staff engage with patients in a friendly manner; staff were aware of patients needs and preferences. Staff told us:

- "Enjoy working in Mahon hall."
- "Better since the extra staff member is on in the afternoon."

Staff comments were passed to the manager to address as necessary.

Environment

We observed a sample of patients' bedrooms, bathrooms, sluices and lounges. We found that the bedrooms generally were well presented and personalisation.

However, shortfalls were identified in the cleaning of some equipment. We found the underside of raised toilet seats soiled, shower chairs not effectively cleaned after use, faecal staining on a hand towel dispenser and a bedpan in a sluice room. We also found inappropriate storage of equipment in bathroom and shower rooms. Pull cords in various bathrooms did not have a wipeable cover. In one toilet we found medicine cups that had been washed and left to dry on a windowsill.

Prescribed creams were observed in a linen store and patients' wipes were left on top of a toilet suggesting the possibility of communal use.

We observed crash mats in use in various bedrooms torn and a ripped armchair and patient side table whereby the top was worn and would not be able to be cleaned effectively. These shortfalls in IPC practices were discussed at the serious concerns meeting and an action plan to rectify these shortfalls was submitted. An area for improvement for infection prevention and control (IPC) will be stated for a second time.

We observed radiator covers in various rooms in the home that needed replaced. This had already been identified by the home's management team and was included in the homes refurbishment plan. Progress with this refurbishment plan will be reviewed at the next inspection.

We observed that in one corridor two chairs were occluding the fire exit. We discussed this with the manager and the chairs were removed. We also discussed with the manager the storing of hoists in the corridors whilst not in use and the potential for the equipment to prevent a clear exit in an emergency. An area for improvement was identified.

Fire safety was discussed at the serious concerns meeting and assurances were provided in regard to ensuring the corridors were kept clear.

We observed that a cupboard in the dining room that stored thickening agents was unlocked and green liquid in a cup in a toilet area. We discussed this with the manager who removed same and an area for improvement was identified.

Care records

We reviewed the records for a patient who had a wound dressing to the lower leg. No wound care documentation was available for this wound. On review of the records we identified one care plan was in place for three other wounds; however, they did not accurately reflect the patient's condition. No documented wound care was visible from 21 January 2020. Wound care had been an area for improvement from the previous care inspection and had been discussed at a feedback meeting held in RQIA on the 28 October 2019 following that inspection. Due to the continued shortfalls identified wound care was part of the focus of the serious concerns meeting held in RQIA following this inspection. An area for improvement will be stated for a second time.

We reviewed the care plan that directed the repositioning schedule for a patient. We asked to review the repositioning record for this patient. We were advised that the patient was not on a repositioning schedule. We also reviewed the records for a patient's skin care and found no care plan in place to direct the care for this patient. An area for improvement was identified with regard to care records.

We reviewed the repositioning records for a patient. We identified gaps in the recording of this care. We discussed this with the manager and she confirmed that this was due to patient refusing care. We advised that refusals of care should be documented and the manager agreed to address this.

We reviewed the care records for those patients who require a pressure relieving mattress we confirmed that the mattress type and individual setting were recorded in the care plan; however, the evaluation of the care plan did not reflect evaluation of the mattress setting. This was identified as area for improvement as a result of the previous inspection and is therefore stated for a second time.

We observed the care records for those patients who required a modified diet and the records reviewed were reflective of the patients' current need and also of the up to date speech and language therapist (SALT) and International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines.

We observed that there was a system in place for monitoring the patients' weights. However, on one Malnutrition Universal Screening Tool (MUST) we identified that the patient did not have a recorded height to allow accurate recording of the risk assessment. However, we did observe that the patient had gained weight. This was discussed during the feedback session at the end of the inspection. This will be reviewed at the next inspection.

Dining experience

We observed the serving of lunch in the home. Staff were aware of the day's menu. Staff communicated well with the patients asking them there preference for condiments.

The nurse was observed directing staff and checking the patients' meals as they were served. The meal looked appetising and warm and patients spoken to were complimentary of the food. Staff spoken to were aware what patients required a modified diet and were available for assistance. A choice of two dishes was available for all patients, including those who required a modified diet.

We discussed with staff how they would manage a patient who choked; one staff member was not aware. This was discussed further with the staff member at the time. An area for improvement was identified.

Management oversight

We reviewed the governance audits including infection prevention and control, care records, environmental and wound audits. We did at this time see an improvement in the quantity and timing of the audits from the previous inspection. We observed that where shortfalls were identified in most actions taken were signed and dated as completed. However in view of the shortfalls identified in the inspection a focus on the quality of these audits is required. An area for improvement from the previous inspection was partially met and will be stated for a second time.

We reviewed the staff training matrix. The matrix viewed did not clearly identify that staff had attended their mandatory training including fire training. Information was submitted to RQIA post inspection to confirm staff have completed their mandatory training. We discussed the oversight of the training and the manager confirmed that she did this weekly. A new training matrix had been implemented for use by Four Seasons Health Care and will be reviewed at future inspection.

We reviewed the management of complaints; systems were in place to ensure complaints were investigated and the outcome recorded. The manager advised that when a concern is raised she manages this through various systems for example through flash meetings with staff or through daily walkabouts and recorded.

At the meeting in RQIA we discussed the management oversight of the home and assurances were provided in regard to further support and development of the management in the home.

Areas of good practice

Evidence of good practice was found with the provision of staffing and staff attention to patients' appearance and personalisation of patients' bedrooms. Staff were knowledgeable of patients' needs and their dietary requirements and the dining experience.

Areas for improvement

Areas for improvement were identified in relation to fire safety, patient access to chemicals and thickening agents, care records and the action to take in the event of a patient choking.

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 and Judy Derby, interim regional support 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 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** Immediately from day of inspection	The registered person shall ensure that the IPC issues raised in this report are dealt with. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: A full Infection Prevention & Control audit has been completed, all actions generated from action plan have been addressed. This includes areas highlighted in inspection. An IPC link nurse has been appointed, supervision completed and shown how to complete monthly audits which will be overseen by Registered Manager.
Area for improvement 2 **Ref:** Regulation 12 (1) (a) (b) **Stated:** Second time **To be completed by:** Immediately from day of inspection	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. Ref: 6.1.and 6.2
	Response by registered person detailing the actions taken: Registered staff have attended further supervision on record keeping in relation to wound management and how it should be maintained as per legislative requirements. Wounds documentation will be monitored by Registered Manager.
Area for improvement 3 **Ref:** Regulation 27 (4) **Stated:** First time **To be completed by:** Immediately from day of inspection	The registered person shall ensure that corridors and fire exits are free from obstruction. Ref: 6.2
	Response by registered person detailing the actions taken: The keeping of corridors and fire exits free from obstruction has been discussed at staff meetings. This will also be monitored as part of the daily walk abouts.

Area for improvement 4 **Ref:** Regulation 14 (2) **Stated:** First time **To be completed by:** Immediately from day of inspection	The registered person shall ensure that all chemicals and thickening agents are securely stored in keeping with COSHH legislation to ensure patients are protected from hazards to their health at all times. Ref: 6.2
	Response by registered person detailing the actions taken: The safe storage of chemicals and thickening agents was discussed at staff meeting. This will be monitored through daily walk arounds
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 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** 1 April 2020	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. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: Qualified staff have been reminded that reviewing of care plans and associated risk assessments are to be person centred, meaningful and to reflect supplementary care. This will be monitored by Registered Manager through care plan auditing.
Area for improvement 2 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** 1 April 2020	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. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: Registered staff have been reminded at staff meeting that care plans are to accurately reflect the mattress type, prescribed setting and evaluations should reflect this. Registered Manager willl conduct spot checking during daily walk around.
Area for improvement 3 **Ref**: Standard 35 **Stated:** Second time **To be completed by:** 30 March 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. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: Registered Manager uses a template provided to guide on governance audits needing completed as per standards and best practice. Action plans will be formulated to address areas of deficit and cascaded to staff for learning which will be regularly reviewed until actions are completed and close loop.

Area for improvement 4 **Ref**: Standard 39 **Stated:** First time **To be completed by:** Immediately from the day of inspection.	The registered person shall ensure that all staff employed are aware of the correct responses to take when a person is choking. Ref:6.2
	Response by registered person detailing the actions taken: Staff supervision has been completed with staff regarding the correct response and actions to take when a resident is choking. Registered Manager will spot check knowledge through questioning on daily walk around.
Area for improvement 5 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 5 April 2020	The registered person shall ensure that each patients care plan is reflective of their assessed needs. Ref:6.2
	Response by registered person detailing the actions taken: Registered Nurses have been reminded at staff meeting that each residents care plan is reflective to their individual assessed needs.

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

The Regulation and Quality Improvement Authority

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
Web www.rqia.org.uk
@RQIANews