

Unannounced Care Inspection Report

30 June 2020



Mahon Hall

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Healthcare</p> <p>Responsible Individual: Maureen Claire Royston</p>	<p>Registered Manager and date registered: Zoe Lewis – Acting manager (registration pending)</p>
<p>Person in charge at the time of inspection: Zoe Lewis</p>	<p>Number of registered places: 44</p> <p>Category NH-PH for 1 identified individual only. There shall be a maximum of 3 named residents receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH)</p> <p>I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 32</p>

4.0 Inspection summary

An unannounced inspection took place on 30 June 2020 from 10.00 to 16.40 hours. At the same time an unannounced inspection was also undertaken to the registered residential home on the same site.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

RQIA received information on 29 June 2020 from an anonymous source who raised concerns in relation to: the use of Personal Protective Equipment (PPE); the cleanliness of the environment; infection prevention and control (IPC); and staff management. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Personal Protective Equipment
- The environment / infection prevention and control

- Care delivery
- Care records
- Governance and management arrangements.

The findings of this report will provide Mahon Hall 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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	0

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

Areas for improvement and details of the Quality Improvement Plan (QIP) 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.

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

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.

'Tell Us' information cards were left in the home inviting patients to contact RQIA with feedback. A poster was also displayed for staff inviting them to provide feedback to RQIA online; no responses were received in time to be included in this report.

The following records were examined during the inspection:

- The duty rota from 22 June 2020 to 5 July 2020
- Four patients' care records
- Four patients' wound care records
- Three patients' supplementary care charts
- The most recent staff meeting minutes
- Infection prevention and control training
- A sample of governance audits / records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially 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)

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2020.

Areas for improvement from the last care inspection 30 January 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the IPC issues raised in this report are dealt with.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that the home was clean and tidy. The IPC issues had been resolved.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: The care records reviewed evidenced that the area for improvement was met. These care records are discussed further in section 6.2.5.	
Area for improvement 3 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that corridors and fire exits are free from obstruction.	Met
	Action taken as confirmed during the inspection: The corridors and fire exits were observed to be free from obstruction.	

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the environment confirmed that all chemicals were stored securely. However, thickening agents were found to be inappropriately stored in one area of the home.</p> <p>This area of improvement has been partially met and is stated for a second time.</p>	<p>Partially Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: In the four care records reviewed we observed that monthly review and daily evaluations were patient centred, meaningful and included a review of supplementary care provided to patients.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: The care records reviewed accurately reflected the mattress in use and the prescribed setting.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>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.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The governance audits reviewed evidenced a robust system was now in place and these audits were completed in accordance with legislative requirements.</p>	
<p>Area for improvement 4 Ref: Standard 39 Stated: First time</p>	<p>The registered person shall ensure that all staff employed are aware of the correct responses to take when a person is choking.</p> <p>Action taken as confirmed during the inspection: Staff spoken with articulated clearly the required response they would take in the event of a patient choking.</p>	Met
<p>Area for improvement 5 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that each patients care plan is reflective of their assessed needs.</p> <p>Action taken as confirmed during the inspection: The care records reviewed were reflective of the patients' assessed needs.</p>	

6.2 Inspection findings

6.2.1 Staffing

We reviewed the duty rotas for the period from 22 June 2020 to 5 July 2020.

During the inspection we discussed staffing levels with the manager. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a caring and timely manner.

Staff commented positively about working in the home and acknowledged that the last few months had been challenging for staff while they worked through the COVID-19 outbreak; however, staff told us that the sense of teamwork and support from their peers had helped them cope. The manager told us that a clinical psychologist will be visiting the home later in the month to meet with staff in order to promote their well-being, provide advice and offer support during the ongoing COVID-19 pandemic.

6.2.2 Personal Protective Equipment

We observed that there was a supply of PPE and hand sanitisers at the entrance to the home.

PPE stations were found to be well stocked throughout the home and were replenished frequently.

Staff were observed to use PPE appropriately during our visit and told us that they had received training in the correct method of donning and doffing of PPE; infection prevention and control measures; and hand hygiene. Staff were observed to carry out hand hygiene at appropriate times.

6.2.3 Infection Prevention and Control / Environment

Upon entering the home we were greeted by the manager, our temperature was taken and we were questioned about our current health status.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, toilets, lounges, dining rooms and storage areas. We found corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. The patients' bedrooms viewed were clean, warm and had been personalised with items that were meaningful to the patients.

We observed food and fluid thickening agents inappropriately stored in an area making them accessible to patients. This was discussed with the manager who ensured that these items were stored appropriately. An area for improvement was stated for a second time.

6.2.4 Care delivery

Patients appeared to be well cared for, were dressed in clean clothes and were well groomed. Patients were observed to be content and settled in their surroundings.

The manager told us that visits from patients' families/friends had been suspended due to the COVID-19 outbreak but the home was maintaining communication between patients and their families and loved ones with the use of technology, for example, video calling. Families were also provided with regular updates from staff.

Patients were positive about their experience of living in the home; they told us:

- "The staff are very kind."
- "I feel safe here, I like the company."
- "It's nice and relaxed here."
- "They are good to me, and I am good to them."
- "The girls are very good."
- "It's very nice here."

The food on offer at lunchtime was well presented and smelled appetising. Staff were seen to appropriately assist those patients who required help to eat and drink. Patients spoken with told us the food was good in Mahon Hall.

6.2.5 Care records

We reviewed four patients' care records. The records reviewed reflected the patients' current assessed needs and ongoing care. The care plans and risk assessments were evaluated and updated as required.

We acknowledged an improvement since the last care inspection in the management of wound care. New systems had been introduced to aid staff in relation to monitoring the frequency of dressing changes, and allowed for more effective review and documentation of the wound care being delivered.

Wound care records evidenced the patients' current wounds, appropriate assessment and review. There was evidence of multidisciplinary review and collaboration in the care of the wounds, for example, with the tissue viability nurse or podiatrist. However, we did note that the management of one identified wound had been inconsistent. This was discussed with the manager and it was agreed that wound audits and tracking documentation would be shared with the inspector on a monthly basis until further notice to help promote sustained improvement with regard to wound care.

We reviewed supplementary care records in relation to daily care and repositioning. The records reviewed were completed accurately to record the care which patients had received. Repositioning records evidenced that patients had been repositioned in keeping with their plan of care.

6.2.6 Governance and management arrangements

A review of auditing records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. It was evident that improvement had been made in relation to the oversight and governance arrangements in the home.

Audits were reviewed in relation to complaints, incidents/accidents, nutrition and choking. These audits were completed monthly. The audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The most recent staff meetings were held on 27 and 28 May 2020. The attendees and minutes of these meeting were reviewed; no concerns were noted.

Discussion with staff evidenced that there were good working relationships and that management were approachable, supportive and responsive to any suggestions or concerns raised by staff.

Areas of good practice

There were examples of good practice in relation to care delivery, oversight and management arrangements.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of the inspection we observed that patients were well looked after; staff treated them with kindness, care and compassion.

The home was clean and tidy throughout.

The current guidelines on the use of PPE and IPC measures to be employed during an outbreak of COVID-19 were being followed within the home, and management reviewed and implemented these, as required.

In relation to wound care it was agreed with the manager that wound audits and tracker information would be sent to the inspector monthly for further review to help promote sustained improvement in this area.

The inspection resulted in no new areas for improvement. One area for improvement was partially met and is stated for a second time.

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 Patricia Greatbanks, regional 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

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure food and fluid thickening agents are securely stored at all times.</p> <p>Ref: 6.1 & 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has discussed with staff the secure storage of thickening agents in flash point meetings. A combination lock has been installed on the first floor lounge cupboard, code made available to staff. Oversight will be monitored and recorded on daily walk about chart.</p>

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



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