



**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	16783
<b>Establishment ID No:</b>	1489
<b>Name of Establishment:</b>	Mahon Hall
<b>Date of Inspection:</b>	24 June 2014
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Mahon Hall
<b>Address:</b>	16 Mahon Road Portadown Craigavon BT62 3EF
<b>Telephone Number:</b>	(028) 3835 0981
<b>Registered Organisation/Provider:</b>	Four Seasons (Bamford) Ltd/ Mr James McCall
<b>Registered Manager:</b>	Ms Cheryl King
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms Cheryl King
<b>Other person(s) consulted during inspection:</b>	Mr Gerry Hegarty , Estates Officer Four Seasons (Bamford) Ltd
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	60; NH-I, RC-DE, RC-I, RC-PH, RC-PH(E), NH-PH
<b>Date and time of inspection:</b>	24 June 2014 from 12.50 – 15.30hrs
<b>Date of previous estetes inspection:</b>	6 October 2011
<b>Name of Inspector:</b>	Raymond Sayers

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

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

- Discussion with the Mr Gerry Hegarty & Ms Cheryl King;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Ms Cheryl King and Mr Gerry Hegarty.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

## **7.0 PROFILE OF SERVICE**

Mahon Hall Care Home is registered to care for up to 60 patients and residents. The home is situated on the Mahon Road, a short distance from the centre of Portadown. The home is registered to provide care for persons under the following categories of care:

Nursing Care

I Old age not falling into any other category

Residential Care

I Old age not falling into any other category

DE Dementia

PH Physical disability other than sensory impairment

PH(E) Physical disability other than sensory impairment - over 65 years

The facility is comprised of forty-two single and nine double bedrooms, sitting rooms, two dining rooms, a kitchen, laundry and toilet/washing facilities, staff accommodation and offices over two floors.

The general unit of the home provides nursing and residential care. In addition a designated fourteen bed residential unit is available on the first floor of the home for residents assessed with dementia.

## 8.0 SUMMARY

Following the Estates Inspection of Mahon Hall on 24 June 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

In some areas the interior decorated finishes are displaying signs of deterioration. Legionella prevention, Lifting Operations & Lifting Equipment Regulations and fire safety controls require improvement.

Facility estates manager indicated improvement works procedures are to be implemented.

This resulted in nine requirements and four recommendations, outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Cheryl King and Mr Gerry Hegarty during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

The issues raised in the report of the previous estates inspection on 6 October 2011 have been addressed.

### 9.2 **Standard 32 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activity and procedures; however the building and engineering services require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 - 9.2.8 and in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 The surface of facing brickwork wall is spalling at wheelchair access ramp adjacent the front elevation doorway.  
(Reference: Quality Improvement Plan Item 5 )

9.2.3 Roof eaves rainwater gutters, fascia & soffits are dirty and require cleaning.  
(Reference: Quality Improvement Plan Item 6 )

- 9.2.4 W.C. support rails are displaying signs of surface corrosion location: first floor bathroom adjacent Bedroom 49; bedrooms 21 & 35.  
(Reference: Quality Improvement Plan Item 1 )
- 9.2.5 Wall decoration is soiled/marked in a number of communal areas & bedrooms: Bedrooms 16,49,21 & 31; Fire escape stairwell deteriorated wallpaper finish; Laundry painted finish soiled; Corridor skirting adjacent GF treatment room is scratched; first floor lounge painted wall surfaces are scored/soiled; general nursing dining room wall surfaces are soiled/scored; a number of door frames & architraves have sustained surface damage from impact with hoists & wheelchairs.  
(Reference: Quality Improvement Plan Item 2 )
- 9.2.6 Bath panel in bathroom located adjacent Bedroom 16 is damaged & floor joint butt weld is defective.  
(Reference: Quality Improvement Plan Items 3 & 7 )
- 9.2.7 Bedroom 49 flooring butt joint is defective & dirt is accumulating in joint; Kitchen flooring butt joints are defective not sealing flooring effectively.  
(Reference: Quality Improvement Plan Item 3 )
- 9.2.8 Wash-basin tiled splash-back is defective/damaged at bedroom 40.  
(Reference: Quality Improvement Plan Item 4 )

**9.3**      **Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner***

- 9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement action by the registered person are detailed in report items 9.3.2- 9.3.4 and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.
- 9.3.2 Passenger lift Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination report dated 12 March 2014 lists a number of items requiring corrective action by a lift service engineer during routine maintenance works.  
(Reference: Quality Improvement Plan Item 8 )
- 9.3.3 The legionella risk assessment completed in April 2012 recommended the completion of corrective works and implementation of legionella prevention control procedures; the recommended review date was 27 April 2014.  
(Reference: Quality Improvement Plan Item 9 )

- 9.3.4 The last Thermostatic Mixing Valve maintenance control works verification certificate presented for examination was dated 27 March 2013.  
(Reference: Quality Improvement Plan Item 10 )

**9.4**      **Standard 36: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1      Fire Safety procedures implemented the home are compliant with this standard. Records inspected demonstrate good attention to fire safety matters. There are however some issues which need to be addressed. These are detailed in report items 9.4.2, 9.4.3, and the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2      A fire risk assessment was completed by Mr Barry McDermott on 21 May 2014, a number of the recommended control measures are yet to be implemented. It is understood that the fire risk assessor has applied for professional body registration for fire risk assessment with the Institute of Fire Engineers (IFE), and expects to obtain registration with that body within a period of six months.  
(Reference: Quality Improvement Plan Items 11 & 13 )

9.4.3      The 4 March 2014 BS5839 fire detection and alarm service engineer inspection report has prioritized a list of items requiring remedial works action; Mr Hegarty indicated that the report is currently with senior management for evaluation and action.  
(Reference: Quality Improvement Plan Item 12 )



## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms Cheryl King and Mr Gerry Hegarty as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**



## Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Mahon Hall NH
Date of Inspection	24/06/2014
Estates Inspector	R.Sayers

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		R.Sayers	21/08/2014
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

**NOTES:**

The details of the quality improvement plan were discussed with Ms Cheryl King and Mr Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.

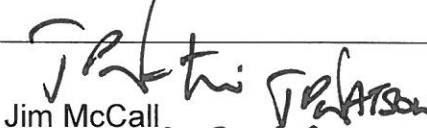
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Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Cheryl King
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	 Jim McCall DIRECTOR OF OPERATIONS 20.8.14

Announced Estates Inspection to Mahon Hall Nursing Home on 24 June 2014

**Assurance, Challenge and Improvement in Health and Social Care**

**Standard 32 - Premises and grounds**

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(b)	Complete an inspection of all handrails/WC support rails; repair corroded handrail surfaces or replace rails. (Reference: Report section 9.2.4)	8 weeks	Full inspection has been undertaken. Awaiting quotes to be submitted for authorisation, and works will be commenced to address areas identified
2	Regulation 27 (2)(d)	Complete a condition survey of all interior decorated finishes; draft a redecoration works action programme to reinstate finishes to a good decorative standard & commence refurbishment works. (Reference: Report section 9.2.5)	12 weeks	Survey has been undertaken within the home, works to commence in August 2014 by contractor, to redecorate home to an acceptable standard
3	Regulation 27 (2)(b)	Repair defective floor covering butt joints at Bedroom 49 and bathroom adjacent Bedroom 16. (Reference: Report section 9.2.7)	12 weeks	This has now been addressed and defective flooring repaired
4	Regulation 27 (2)(b)	Inspect all bedroom wash-hand basin splash-backs, repair or replace defective splash-backs and ensure that wash-basin wall junction with is effectively sealed. (Reference: Report section 9.2.8)	12 weeks	Full inspection of bedrooms has been undertaken and a program is in place to ensure all defective splashbacks are effectively sealed by end of September 2014

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<b>Item</b>	<b>Standard Reference</b>	<b>Recommendations</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
5	Standard 32.1	Repair or replace spalling brickwork surfaces at wheelchair access ramp adjacent front door entrance. (Reference: Report section 9.2.2)	16 weeks	This will be addressed through the refurbishment plan for the Home and will be completed within timescale
6	Standard 32.1	Clean roof eaves rainwater gutters, fascia boards & soffits. (Reference: Report section 9.2.3)	8 weeks	Contractors contacted and works to be completed to ensure identified areas are cleaned
7	Standard 32.1	Repair defective/damaged bath panel; location adjacent bedroom 16. (Reference: Report section 9.2.6)	8 weeks	This will be addressed through the refurbishment program and completed within timescale

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**Standard 35 - Safe and healthy working practices**

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8	Regulations 14 (2)(a),(b) & (c)	Implement Lifting Operations & Lifting Equipment (LOLER) thorough examination report recommendations during periodic planned maintenance servicing. (Reference: Report section 9.3.2)	12 weeks	This has been completed and recommendations addressed as identified
9	Regulations 14 (2)(a),(b) & (c)	Complete a review of the legionella risk assessment and Implement recommended control measures. (Reference: Report section 9.3.3)	12 weeks	This has been completed and recommended control measures have been put in place
10	Regulations 14 (2)(a),(b) & (c)	Verify that periodic maintenance control monitoring & servicing of thermostatic mixing valves (TMVs) has been completed in compliance with a health & safety risk assessment. (Reference: Report section 9.3.4)	8 weeks	A report was completed at the beginning of August 2014, and any remedial action identified will be undertaken

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**Standard 36 - Fire Safety**

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
11	Regulation 27.(4)(a)	Implement the fire risk assessment report recommendations; verify completed procedures/actions on a works action plan. (Reference: Report section 9.4.2)	Immediate and ongoing	Works have commenced to address all recommendations identified from the fire risk assessment report
12	Regulations 27.(4)(b),(c) &(d)	Implement BS5839 fire detection & alarm service engineer report recommendations. (Reference: Report section 9.4.3)	12 Weeks	All urgent works identified have been addressed
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
13	Standards 36.1 & 36.2	Verify that the fire safety consultant commissioned to review the facility fire risk assessment has professional or third party accreditation as recommended by RQIA guidance document "Competence of persons carrying fire risk assessments in regulated residential care establishments", dated 31 January 2013. (Reference: Report section 9.4.2)	26 Weeks	The risk assessor currently holds a Fire Risk Assessment qualification and is attending a course at present for accreditation

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