

# Inspection Report

14 April 2022



## Mahon Hall

Type of service: Nursing Home  
Address: 16 Mahon Road, 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

<b>Organisation/Registered Provider:</b> Ann's Care Homes Ltd  <b>Responsible Individual:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Ms Zoe Lewis  <b>Date registered:</b> 23 February 2021
<b>Person in charge at the time of inspection:</b> Ms Zoe Lewis	<b>Number of registered places:</b> 44  This number includes category NH-PH for one identified individual only and a maximum of one named resident receiving residential care in category RC-I.
<b>Categories of care:</b> Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 37
<b>Brief description of the accommodation/how the service operates:</b>  Mahon Hall is a registered nursing home which provides nursing care for up to 44 patients. There are two nursing units, one on the ground floor and one on the first floor. Patients' bedrooms are located on both floors.  Mahon Hall residential care home is located in the same building and the registered manager has responsibility for both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 April 2022, from 10.30am to 3.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that two of the four areas for improvement identified at the last inspection would be followed up at the next care inspection.

Review of medicines management found that patients were being administered their medicines as prescribed. There were arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. No new areas for improvement were identified.

RQIA would like to thank the patients, staff and management for their assistance throughout the inspection.

### **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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

### **4.0 What people told us about the service**

To reduce footfall throughout the home, the inspector did not meet any patients. Patients were observed to be relaxing in their bedrooms and in the lounge area.

The inspector met with one care assistant, a nurse, the deputy manager, the manager and the regional manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no feedback had been received by RQIA.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last care inspection on 13 May 2021?

Areas for improvement from the last inspection on 13 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> Third time and final time	The registered person shall ensure food and fluid thickening agents are securely stored at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Thickening agents were observed to be stored securely. They were stored in the medicine trolley and in locked cupboards in the dining areas.  Discussion with staff and management indicated that they were aware that thickening agents must be stored securely at all times.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1)  <b>Stated:</b> First time	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times</li> <li>• that the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall review the internal environment to ensure that there is a sufficient number of wall mounted PPE dispensers and wall mounted hand sanitisers to meet the needs of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The manager advised that seven new wall mounted personal protective equipment (PPE) dispensers and wall mounted hand sanitisers were installed.  There were a sufficient number of wall mounted PPE dispensers and wall mounted hand sanitisers to meet the needs of staff.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	Management advised that despite ongoing encouragement patients were choosing to eat their meals in their rooms at present.  A revised four weekly menu had recently been agreed and the activity therapist was updating the displayed menus.  <b>This area for improvement was carried forward for further review at the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to ensure that they were accurate. Staff were reminded that obsolete personal medication records should be cancelled and archived to ensure that nurses do not refer to obsolete directions in error and administer medicines incorrectly to the patient.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain/infection. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available. Records of administration were clearly recorded. The reason for and outcome of administration were recorded. These medicines were used infrequently.

The management of pain was reviewed and discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Two patients' records were reviewed; each patient had a pain management care plan and regular pain assessments were carried out by nursing staff. It was agreed that one care plan would be updated to include details of the prescribed pain relief medicines.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for two patients. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low.

Safe systems were in place for the management of warfarin. Dosage directions were received in writing and all transcriptions had been verified and signed by two nurses. Running stock balances were maintained so that any discrepancies could be identified without delay.

Two patients needed regular administration of medicines which were prescribed to be administered "when required" to assist sleep. It was agreed that this would be referred to the prescribers for review.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Nurses advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Medicine refrigerators and controlled drugs cabinets were being used appropriately.

Appropriate arrangements were in place for the disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. The records had been completed in a satisfactory manner.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book. The records reviewed had been maintained to the required standard.



In addition to the daily running stock balances, the management and administration of medicines was audited each month by the manager and deputy manager. The audit findings were discussed with staff and there was evidence that action plans had been addressed. The audits completed at the inspection indicated that medicines were administered as prescribed. However, discrepancies were identified in the administration of an inhaled medicine and a liquid medicine. The manager was requested to investigate these apparent discrepancies. Incident report forms detailing the outcome of the investigations and action taken to prevent a recurrence were submitted to RQIA on 20 April 2022.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for two patients who had been recently admitted to the home was reviewed. Hospital discharge letters had been received and a copy had been forwarded to the patients' GPs. Personal medication records had been verified and signed by two nurses. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported. As identified in Section 5.2.3 two medicine related incidents were identified at the inspection. It was agreed that management would continue to audit the administration of medicines, including inhalers and liquids.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained.



The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff.

Records of staff training indicated that nurses had received a structured induction which included medicines management. Update training on the management of medicines and competency assessments were completed annually.

Records of staff training in relation to medicines management were available for inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	1*

\* The total number of areas for improvement includes two which have been carried forward for review at the next inspection.

No new areas for improvement were identified at this inspection. The inspection findings were discussed with Ms Zoe Lewis, Registered Manager, and Ms Patricia Greatbanks, Regional Manager, as part of the inspection process.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (13 May 2021)</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times</li> <li>• that the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients.</li> </ul>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

### Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (13 May 2021)</p>	<p>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.</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>



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