



Unannounced Care Inspection Report

13 June 2019



The Haven

Type of Service: Nursing Home
Address: 19 Quarry Lane, Dungannon, BT70 1HX
Tel No: 02887726912
Inspectors: Michael Lavelle and Raymond Sayers

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 30 patients.

3.0 Service details

Organisation/Registered Provider: The Haven Responsible Individual(s): Patrick Gerald Kelly McQuaid Kathleen McQuaid	Registered Manager and date registered: Frances Mary McKenna 11 August 2009
Person in charge at the time of inspection: Kieran O'Neill, registered nurse from 07.00 hours to 08.00 hours and Rosalind Dynes from 08.00 hours onwards	Number of registered places: 30
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 29

4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 09.15 hours to 11.35 hours and 13 June 2019 from 07.00 hours to 16.15 hours. The inspections were undertaken by estates and care inspectors respectively.

The inspection assessed progress with all areas for improvement identified in the home since the last care and estates inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to induction, training, supervision and appraisal, communication, maintaining the dignity and privacy of patients and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, moving and handling, accurately reflecting the care needs of patients, the patient mealtime experience and management of complaints.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

A meeting was held in the RQIA offices on 24 June 2019 to discuss the outcome of the inspection in detail. This meeting was attended by Frances Mary McKenna, Registered Manager, and Kathryn McQuaid, Nursing Director. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Wallace, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Detailed feedback of the inspection findings were provided to the registered persons in RQIA on 24 June 2019.

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

4.2 Action/enforcement taken following the most recent inspection dated 7 November 2019

The most recent inspection of the home was an unannounced care undertaken on 7 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 27 May 2019 to 17 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- nurse in charge competencies
- three staff recruitment and induction files
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- environment and equipment cleaning records
- complaints record and compliments received
- staff supervision and appraisal planner
- annual quality report
- a sample of reports of visits by the registered provider
- RQIA registration certificate

Areas for improvement identified at the last care and estates inspections were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspections

Areas of improvement identified at previous care and estates inspections have been reviewed. Of the total number of areas for improvement in regards to care, three were met and two were not met. One area for improvement stated previously under the care standards has been uplifted into an area for improvement under the regulations and has been included in the QIP at the back of this report. A further area for improvement which was not met has been stated for a second time. Of the total number of areas for improvement all four were met, and therefore the previous estates QIP is validated as implemented.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived at the home at 07.00 hours and were greeted by the nurse in charge who was friendly and welcoming. The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 27 May 2019 to 17 June 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. The registered manager should clearly identify domestic and laundry staff on the staffing rota.

On the morning of the inspection temporary catering arrangements were in place. Discussion with staff and review of records did not provide adequate assurances that the relief cook had the appropriate training to prepare meals for patients on modified diets. The deputy manager confirmed this was an interim arrangement and meals provided to patients on modified diets were overseen by registered nursing staff. This will be reviewed at a future care inspection.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in The Haven.

Review of three staff recruitment files identified deficits in relation to staff recruitment. One file did not have a reference from the employees most recent employer and gaps in employment were not fully explored and recorded for a further two employees. This had been identified as an area for improvement under the care standards during previous care inspections on 24 August 2018 and 7 November 2018. This was discussed with the deputy manager and is subsumed into an area for improvement under the regulations.

Staff spoken with said they completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records confirmed that a comprehensive induction was given to recently recruited employees. Review of records evidenced the registered manager had a robust system in place to monitor staff registration with their relevant professional bodies.

Review of records and discussion with staff and the deputy manager confirmed that staff training, supervision and appraisal were actively managed and records were well maintained.

Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that elements of training received had not been embedded into practice. For example, deficits were identified in relation to safe moving and handling. One patient was observed to be transported in a wheelchair without footplates. Review of the patient's care records evidenced this was not appropriately care planned for. This was discussed with the deputy manager and an area for improvement was made under the regulations.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the deputy manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Observation of practice, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. Staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands and use PPE after delivering personal care. Decontamination and cleaning records were reviewed and were well maintained. Environmental cleaning was well completed although we did observe some patient equipment to be dusty. This was discussed with the deputy manager who agreed to address this with staff and monitor the robustness of equipment cleaning. We observed deficits in practice where staff members did not adhere to standard precautions during the serving of the midday meal. This was discussed with the deputy manager for action as required.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices including bedrails and lap belts. There was also evidence of consultation with relevant persons. We asked the deputy manager to review the frequency of lap belt monitoring and consider implementation of an audit for restrictive practices within the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and well decorated.

During review of the environment the door to the laundry and multiple cupboards were observed to be unlocked allowing potential patient access to substances hazardous to health. This was identified as an area for improvement during the previous care inspection on 7 November 2018. This has been stated for a second time.

Fire exits and corridors were observed to be clear of clutter and obstruction. Records evidenced that systems were in place to manage and record fire drills and fire alarm tests within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision, appraisal and the management of IPC.

Areas for improvement

Two new areas for improvement under the regulations were identified in relation to staff recruitment and safe moving and handling.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that a range of validated risk assessments were completed and mostly reviewed as required. These assessments informed the care planning process. Generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of skin integrity, infections and falls. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence that the some patient care records reviewed, failed to accurately reflect the care needs of patients. Review of one patients care record confirmed that the care plan had not been updated following a head injury. A further identified patient was awakened early daily for toileting support; however, the care plan failed to direct staff in this regard. One care record reviewed evidenced that the care plans had not been reviewed since May 2018 and risk assessments were not appropriately maintained. Two patients identified at being at very high risk of developing pressure damage, were not on a repositioning schedule. Examination of records confirmed staff were not documenting the condition of the patients' skin at regular intervals. This was discussed with the deputy manager and an area for improvement under the regulations was made.

Review of a selection of supplementary care charts such as food and fluid intake records, elimination records and personal care evidenced that records were well maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), dietician, and speech and language therapists (SALT). There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Discussion with staff evidenced they were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Observation of the handover confirmed it provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with the registered manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff know how and when to provide comfort to patients because they know their needs well.

All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Discussion with deputy manager and review of records confirmed that staff meetings were held regularly and records maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recording in supplementary care records and communication between staff and members of the multidisciplinary team.

Areas for improvement

One new area for improvement under the regulations was identified in relation to accurately reflecting the care needs of patients.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

We discussed the provision of activities in the home. No information was displayed in an appropriate format regarding patient activities although the deputy manager confirmed work was ongoing on development of an activity planner. They confirmed beauty therapy, gardening, arts and crafts along with keep fit were provided by external contractors; with hand massage, reflexology and music therapy available internally. Review of the staffing rota did not clearly identify which staff were allocated to deliver the activities provided internally. This was discussed with the deputy manager who agreed to review the provision of activities against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure the home are adhering to best practice guidance. The registered manager must ensure contemporaneous records are kept of all activities that take place, with the names of the person leading them and the patients who participate. Activity care plans should be developed and registered nurses should review activities as part of the care process. This will be reviewed at a future care inspection.

We observed the serving of the midday meal. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients were offered a choice of meals and drinks. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Review of the menu evidenced that although only one meal option was planned for, patients could have a choice of other meals of their preference. The menu displayed in the dining room had not been updated for a number of days and did not reflect the meals available for that day. Although the dining room was bright and spacious, condiments were not readily available for patients to use throughout the meal and no glassware was available for any of the patients.

Whilst the approach and support staff gave patients was very good, we observed patients to be unsupervised for a period of time in a lounge prior to receiving the midday meal; the noise levels were also observed to be high. We did not observe any of the patients to be offered the use of hand washing facilities before and after their lunch. This was discussed with the deputy manager who agreed to review the patient dining experience against Standard 12 of the Care Standards for Nursing Homes 2015. An area for improvement under the care standards was made.

We reviewed the compliments file within the home. Some of the comments recorded included:

“Thanks for all your hard work this year and doing a fabulous job of looking after xxx.”

“Thank you for all the care and attention given to xxx in her time at The Haven.”

Consultation with five patients individually, and with others in smaller groups, confirmed they were happy and content living in The Haven. Some of the patient’s comments included:

“It’s not too bad. I like all the staff. I like drawing.”

“I like the staff and the dinner. I like to do exercises.”

“I am happy here.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Five relative questionnaires were provided; we had no responses within the timescale specified. Three relatives were spoken with during the inspection. Some of the comments received included the following:

“At the start there were a few teething problems but now everything is running smooth.”

“I’d give the home 7 out of 10. We had some issues but they have been resolved. It would be nice to get more feedback from the home on activities.”

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Eight members of staff were spoken with during the inspection. Some of the comments received included the following:

“The team are very welcoming.”

“I like the craic with the residents. You feel like you are bringing something to them.”

“Management are approachable. The deputy manager is good, she explains a lot.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining the dignity and privacy of patients.

Areas for improvement

One new area for improvement under the care standards was identified in relation to the patient mealtime experience.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and visiting professionals evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Concerns were identified in relation to the sufficiency of management hours and the resultant impact on governance arrangements. From 15 April 2019 to 12 May 2019 the registered manager worked 150 hours, of which 72 hours were worked in the capacity of staff nurse. As a consequence, the inspection identified a number of deficits in the overall quality assurance/governance and delivery of care. In particular, the robustness of care record audits and their failure identify the deficits in care previously referenced and the lack of contemporaneous record keeping in relation to falls management, maintaining skin integrity, mobilising and care planning. This was discussed during a meeting at RQIA post inspection which was attended by Frances Mary McKenna, Registered Manager, and Kathryn McQuaid, Nursing Director. Appropriate assurances were provided that the deficits identified would be robustly addressed. This will be reviewed at a future care inspection.

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards. These were very well completed and reviewed multiple areas of governance including, supervision and appraisal, staff training and audits.

Review of the home's complaints records evidenced that although systems were in place to ensure that complaints were managed appropriately, no complaints were recorded between 9 January 2018 and 30 April 2019. This was discussed with the deputy manager who confirmed that only formal complaints were captured in the complaints book. We asked the deputy manager to ensure staff are aware that any expression of dissatisfaction with the service provided in the home should be viewed as a complaint. An area for improvement under the care standards was made.

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

Assessment of premises

The fire risk assessment and legionella risk assessment were reviewed; both documents were considered acceptable with appropriate control measures implemented. Building services maintenance verification certificates were reviewed and assessed as satisfactory. It was however noted that the laundry gas safe register safety report requirement to improve ventilation had not been implemented. An area for improvement is made under regulations in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

One new area for improvement under the regulations was identified in relation to implementation of the laundry Gas Safe Register engineer report requirement to improve ventilation in the laundry.

One new area for improvement under the care standards was identified in relation to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Wallace, Deputy Manager, as part of the inspection process and with the registered persons in a meeting post inspection. 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) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All substances that are hazardous to health are stored in secure, locked cupboards. spot checks are completed daily to ensure compliance</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded. Before making an offer of employment applicants should have two written references, one of which should be from their present or most recent employer.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Full employment history with start and finish dates, gaps in employment explored and recorded. Two written references are obtained with one from previous employer</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The specific Resident has now had foot plates attached to wheelchair for safe moving and handling</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that care records are reviewed and evaluated regularly in accordance with regulations. All patients must have up to date and individualised care plans in place to direct staff in the delivery of care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All care records are reviewed and evaluated regularly to include those who avail of respite within the home.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2)(a), (a),(b) & (c)</p> <p>Stated: First time</p> <p>To be completed by: as specified by Gas Safe Register engineer</p>	<p>The registered person shall ensure that the Gas Safe Register engineer report recommendations are implemented in compliance with health & safety legislation requirements.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Not completed.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2019</p>	<p>The registered person shall review the patient dining experience to ensure the deficits identified in this report are addressed in line with current best practice guidance.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Dining experience has been reviewed and updated</p>
<p>Area for improvement 2</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.</p> <p>The registered person must ensure that any expression of dissatisfaction is viewed as a complaint and managed accordingly.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Any experience of dissatisfaction will be viewed as a complaint and managed accordingly.</p>

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



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