



The Regulation and
Quality Improvement
Authority

The Haven
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**Unannounced Care Inspection
of
The Haven**

10 November 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 10 November 2015 from 13.30 to 17.00 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health care and Standard 39: Staff Training and Development.

The care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4*

*Total number includes one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Miss Frances McKenna, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: The Haven Mr Patrick Gerald Kelly McQuaid & Mrs Kathleen McQuaid	Registered Manager: Miss Frances McKenna
Person in Charge of the Home at the Time of Inspection: Miss Frances McKenna	Date Manager Registered: 11 August 2009
Categories of Care: NH-LD, NH-LD (E)	Number of Registered Places: 30
Number of Patients Accommodated on Day of Inspection: 28	Weekly Tariff at Time of Inspection: £593.00 - £1422.10

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criterion 8

Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15

Standard 21: Health Care, criteria 6, 7 and 11

Standard 39: Staff Training and Development, criterion 4

4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- previous care inspection report.

During the inspection, the inspector met with six patients, two nursing and four care staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- continence care policies and procedures.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 03 November 2015. The estates inspection report had not been issued at the time of this care inspection.

5.2 Review of Requirements and Recommendations from the last care inspection on 12 May 2015

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered manager should ensure that all staff are provided with an update in the management of death, dying and bereavement.</p> <p>Training should also be provided for all nursing staff and care assistants in respect of palliative/end of life care commensurate with their responsibilities.</p> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that she has been in contact with N.I. Hospice and Southern HSC Trust regarding the provision of palliative/end of life training. While the Trust were unable to provide training, they provided online access to a palliative care conference held in the Trust earlier this year and staff have found this useful. The registered manager plans to contact other training providers to source further palliative and end of life training for staff.</p>	<p>Partially Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered manager should ensure that a written protocol is in place for timely access to any specialist equipment or drugs which may be necessary to deliver end of life care including weekends and out of hours.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A written protocol was available and registered nurses were aware of the systems in place for timely access to any specialist equipment or drugs including weekends and out of hours.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered manager should ensure that a palliative care link nurse has been identified for the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that a palliative care link nurse had been identified for the home.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>The registered manager should review the transport arrangements to ensure that all patients are offered the opportunity to avail of day trips.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager stated that, while there is no longer a designated bus, they use a local taxi company to transport patients to and from activities outside the home. They have also a programme of activities within the home and volunteers from South Eastern College regularly come into the home to assist with the provision of activities.</p>	Met

5.3 Contenance Management

Is Care Safe? (Quality of Life)

Policies, procedures and guidelines on continence care were available in the home. Discussion with registered nurses and care staff confirmed that they had an awareness of these policies, procedures and guidelines.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with the registered manager and review of training records confirmed that all relevant staff were trained and assessed as competent in continence care. Two registered nurses had received training in male and female catheterisation and were deemed competent in this area. A recommendation has been made for all registered nurses to be trained and assessed as competent in male and female catheterisation.

A continence link nurse had been identified for the home.

Is Care Effective? (Quality of Management)

A review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to adequately meet the needs of two of the patients. While a continence care plan was in place for the third patient, it did not meet their individual continence needs with regard to stoma care. A recommendation has been made.

There was evidence that patients and/ or their representatives had been involved in discussions regarding the development of care plans.

The specific type of continence products the patient required was recorded in the three care records reviewed.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Records relating to the management of bowels were reviewed and evidenced that staff had made reference to the Bristol Stool Score.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Compassionate? (Quality of Care)

Staff were observed to attend to patients' continence needs in a dignified and personal manner.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff.

Areas for Improvement

All registered nurses should receive training and be assessed as competent in male and female catheterisation.

A care plan should be developed to meet the patients assessed needs and comfort with regards to stoma care.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

5.4.1. Consultation with Patients and Staff

Patients

During the inspection, six patients were consulted individually. Comments from patients regarding the quality of care, food and life in the home were very positive. There were no concerns raised. Comments included:

- “The food is great in here”
- “Staff are all great”
- “I like living here”

Staff

Six staff took the time to speak with the inspector. The general view from staff during discussions was that they took pride in delivering safe, effective and compassionate care to patients. No concerns were raised by staff. A few staff comments are detailed below:

“this is a very well organised home and I enjoy working here”

“I have recently qualified and am looking forward to a career in The Haven”

“everyone is very friendly and this is a lovely home to work in”

5.4.2. Health and Safety

Corridor radiators had covers fitted to prevent patients from making contact with hot surfaces. Dining room, shower/bathrooms and lounge accommodation radiators surfaces were not protected by covers. When the thermostat was turned up to its highest temperature setting, these radiators became too hot to touch for more than 5-6 seconds. A few radiators in shower/bathrooms and in one bedroom was positioned at a high level where patients would be unable to reach.

Following the advice of the estates inspector during a recent inspection of the home, the registered manager was completing a risk assessment for all patients where there was any possibility of contact with an uncovered radiator.

This was discussed further with the registered manager and it was agreed that covers would be fitted to all radiators in bedrooms and communal areas to reduce the likelihood of injury from contact with hot surfaces. A requirement has been made in this regard.

5.4.3. Accidents/Incidents

A review of accidents/incidents records evidenced that these were maintained appropriately and in accordance with legislative requirements. Monthly analysis of accidents/incidents was completed and areas for improvements identified and actioned.

5.4.4. Staffing

The registered manager stated that they had recently recruited three newly qualified nurses who were awaiting NMC registration. The use of agency staff had decreased in recent weeks with one agency nurse block booked to reduce any disruption to patients. The registered manager confirmed that sufficient numbers of staff were on duty at all times to meet the care needs of patients. A review of staff duty rotas for weeks commencing 02/11/15 and 09/11/15 evidenced that the minimum skill mix of at least 35% registered nurses and 65% care assistants had not been maintained over 24 hours. A pre-registration nurse was working as the second nurse on six of the shifts reviewed. A recommendation has been made.

Areas for Improvement

Covers must be fitted to all radiators in bedrooms and communal areas to reduce the likelihood of injury from contact with hot surfaces.

A minimum skill mix of at least 35% registered nurses and up to 65% care assistants should be maintained in the home over 24 hours.

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Frances McKenna, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 44.8</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The responsible person must ensure that covers have been fitted to all radiators in bedrooms and communal areas to reduce the likelihood of injury from contact with hot surfaces.</p> <p>Reference: Section 5.5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Risk assessments have been completed for all residents. 29 radiators have been fitted with covers, the remaining 11 will be completed by the time scale.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p>	<p>The registered manager should ensure that a care plan is developed to meet the patient's assessed needs and comfort with regards to stoma care.</p> <p>Reference: Section 5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A care plan has been completed to ensure that the patients assessed needs and comfort with regard to stoma care have been met.</p>
<p>Recommendation 2</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should ensure that all registered nurses receive training and be assessed as competent in male and female catheterisation.</p> <p>Reference: Section 5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: We are currently organising training in catheterisation through the Beeches management centre and Staff Training and awaiting dates for same.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41.4</p> <p>Stated: First time</p> <p>To be Completed by: 11 November 2015</p>	<p>The registered manager should ensure that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained in the home over 24 hours.</p> <p>Reference: Section 5.5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Two newly employed Staff nurses have received their NMC pin on 20th October 2015.</p>

<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: Second time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should ensure that all staff are provided with an update in the management of death, dying and bereavement</p> <p>Training should also be provided for all nursing staff and care assistants in respect of palliative/end of life care commensurate with their responsibilities.</p> <p>Reference: Section 5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Training has been arranged for Monday 22nd February 2016.</p>		
<p>Registered Manager Completing QIP</p>	<p>Frances McKenna</p>	<p>Date Completed</p>	<p>16/12/15</p>
<p>Registered Person Approving QIP</p>	<p>Kelly & Kathleen McQuaid</p>	<p>Date Approved</p>	<p>16/12/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Bridget Dougan</p>	<p>Date Approved</p>	<p>17/12/15</p>

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