



The Regulation and  
Quality Improvement  
Authority

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

**12 May 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 12 May 2015 from 10.30 to 14.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, 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 26 November 2014.

### 1.2 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

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

<b>Registered Organisation/Registered Person:</b> Mr Patrick Gerald Kelly McQuaid & Mrs Kathleen McQuaid	<b>Registered Manager:</b> Miss Frances McKenna
<b>Person in Charge of the Home at the Time of Inspection:</b> Miss Frances McKenna	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-LD, NH-LD (E)	<b>Number of Registered Places:</b> 30
<b>Number of Patients Accommodated on Day of Inspection:</b> 27 patients	<b>Weekly Tariff at Time of Inspection:</b> £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 following standards and theme have been met:

**Standard 19: Communicating Effectively****Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)****4. Methods/Process**

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

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
- the previous care inspection report.

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with two patients individually and with the remainder in small groups. Discussion was also undertaken with four care staff and two members of nursing 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
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

**5. The Inspection****5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the home was an unannounced care inspection dated 26 November 2014. The completed QIP was returned and approved by the aligned care inspector.

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 18 (2) (j) <b>Stated: First time</b>	<p>The registered person shall ensure that the home is free from offensive odours.</p> <p><b>Section 11. point 11.6 (Additional Areas Examined)</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            No offensive odours were observed at the time of the inspection.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated: First time</b>	<p>The registered person shall ensure that the floor covering in the home is clean and a good standard of hygiene is maintained.</p> <p><b>Section 11 point 11.6 (Additional Areas Examined)</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Discussion with the registered manager and observation of the environment evidenced that this requirement had been met.</p>	<b>Met</b>
<b>Requirement 3</b> <b>Ref:</b> Regulation 20 (1)(c) (i) <b>Stated: Second time</b>	<p>Staff as appropriate are required to be trained in the following area:            Enteral feeding systems including the use of specific pump equipment.</p> <p><b>Follow up on previous issues</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Review of training records and discussion with the registered manager confirmed that registered nurses had received this training.</p>	<b>Met</b>

<p><b>Requirement 4</b></p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered manager should ensure that registered nurses have received training and have been assessed as competent in male catheterisation</p> <p>Ref: <b>Section 10: Criterion 19.4</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Training records evidenced that registered nurses had received this training.</p>	<p><b>Met</b></p>
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>It is recommended that the NICE guidelines on faecal incontinence are maintained in the home</p> <p>Ref: <b>Section 10: Criterion 19.2</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> NICE guidelines on faecal incontinence were maintained in the home.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 30.1</p> <p>Stated: First time</p>	<p>It is recommended that the domestic staffing levels are reviewed and increased to ensure that the nursing home environment is maintained to a good standard of cleanliness.</p> <p>Ref: <b>Section 11 point 11.6 (Additional Areas Examined)</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of staffing rotas confirmed that domestic staffing levels had been increased in the afternoons. The home was found to be clean and tidy at the time of the inspection.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 20.4</p> <p>Stated: Second time</p>	<p>It is recommended that records are held of staff competencies in cardiopulmonary resuscitation.</p> <p><b>Follow up on previous issues</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of staff training records evidenced staff competencies in cardiopulmonary resuscitation had been completed.</p>	<p><b>Met</b></p>

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. A copy of the DHSSPS Regional guidance on breaking bad news was available in the home.

Discussion with management, nursing and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

#### Is Care Effective? (Quality of Management)

Three care records evidenced that patients' individual needs and wishes in respect of aspects of daily living were appropriately recorded. Patients' cultural and religious wishes had been recorded. Recording within records included references to the patients' specific communication needs and there was evidence that end of life issues had been discussed with patients and/or their representatives.

A review of three care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

#### Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Discussion with two patients individually evidenced that patients were happy living in the home.

Comments received included:

"Staff are good to me."

"They are all very good."

"I like arts and crafts."

#### Areas for Improvement

No requirements or recommendations have been made

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff had not received any recent training in the management of death, dying and bereavement. However, registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A review of staff training records evidenced that no staff had completed training in respect of palliative/end of life care. Recommendations have been made in respect of staff training.

Discussion with six staff and a review of three care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager and staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was not in place and a recommendation has been made.

A palliative care link nurse has not yet been identified.

### **Is Care Effective? (Quality of Management)**

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager, six staff and a review of three care records evidenced that environmental factors had been considered. Staff informed the inspector that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support has been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with six staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Two nursing staff and four care assistants consulted demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Meals, snacks and emotional support has been provided by the staff team.

From discussion with the manager, staff and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

### **Areas for Improvement**

It is recommended that the registered manager sources training for all grades of staff in the management of death, dying and bereavement. Training should also be provided for registered nursing staff and for care staff commensurate with their responsibilities in respect of palliative/ end of life care. A written protocol should be in place for the timely access to any specialist equipment or drugs which may be necessary to deliver end of life care including out of hours. A recommendation has also been made for a palliative care link nurse to be identified for the home.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Consultation with patients, their representatives, staff and professional visitors

Discussion took place with two patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

“Staff are all very good.”

“I like sewing.”

“Staff are good to me.”

“I like arts and crafts.”

Patients did not raise any issues or concerns about care delivery in the home.

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below;

“High quality care is given. Each patient is treated as an individual and made to feel safe and comfortable at all times.”

“The staff in The Haven genuinely cares about the residents. We strive as a team to create a homely, stimulating, caring and safe environment.”

“The Haven is a well-run nursing home. Good management and good staff.”

Two relatives met with the inspector. They were happy with the care provided in the home, however one relative stated that their loved one would like more trips out. This was discussed with the registered manager who confirmed that some changes had been made to the transport arrangements and as a result they had no minibus to take the patients out on day trips. A recommendation has been made for the registered manager to review these arrangements to ensure that patients are offered the opportunity to go out on trips on a more frequent basis.

Questionnaires were also issued to patient representatives and two were returned. Comments received as detailed below:

“My family and I are extremely satisfied with the care provided and feel it truly is a “home from home.”

“I have always found the quality and consistency of care in The Haven to be of the highest level. The staff are to be commended for this.”

“I find the home very good and kind to my relative. XX is happy and settled here and knows all the staff.”

No professional visitors were available in the home at the time of the inspection.

## 6. Quality Improvement Plan

The issues 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](mailto: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 the 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 32 <b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>31 July 2015</b></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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We are liaising with the Southern Trust re ; Training in enhancing Palliative care for all, we have been forwarded links to related training suitable within our facility and it is hoped that all training will be completed by 31<sup>st</sup> July</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 32 <b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>30 June 2015</b></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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> 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. The protocol includes details of access to the Rapid Response Team and Macmillan Nurses.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32 <b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>30 June 2015</b></p>	<p>The registered manager should ensure that a palliative care link nurse has been identified for the home.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A Palliative care link nurse has been identified for the Home.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1 <b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>31 July 2015</b></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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> While still awaiting Transport assessments for our Residents, we continue to offer trips out as part of our weekly activities programme within the home.</p>

<b>Registered Manager Completing QIP</b>	Frances McKenna	<b>Date Completed</b>	2/7/15
<b>Registered Person Approving QIP</b>	Kathleen McQuaid	<b>Date Approved</b>	2/7/15
<b>RQIA Inspector Assessing Response</b>	<b>Bridget Dougan</b>	<b>Date Approved</b>	<b>02/07/15</b>

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**