



# **Unannounced Follow Up Care Inspection Report 7 November 2018**



## **The Haven**

**Type of Service: Nursing Home (NH)**  
**Address: 19 Quarry Lane, Dungannon, BT70 1HX**  
**Tel No: 028 8772 6912**  
**Inspector: Michael Lavelle**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 30 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Haven  <b>Responsible Individual(s):</b> Patrick Gerald Kelly McQuaid Kathleen McQuaid	<b>Registered Manager:</b> Frances Mary McKenna
<b>Person in charge at the time of inspection:</b> Frances Mary McKenna	<b>Date manager registered:</b> 11 August 2009
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 7 November 2018 from 11.30 hours to 17.00 hours.

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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 24 August 2018.

The findings of this report will provide The Haven with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	*2

\*The total number of areas for improvement includes one under regulation and two under the care standards which have been restated for a second time and have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Frances Mary McKenna, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 24 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 24 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with three patients, three patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 29 October 2018 and 25 November 2018
- incident and accident records
- falls policy
- two staff recruitment and induction files
- three patient care records
- minutes of staff meetings
- a sample of governance audits
- clinical supervision records
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 24 August 2018

Areas for improvement from the last care inspection		
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 30 (1) (d)  <b>Stated:</b> First time	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications identified in this report should be submitted retrospectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed notifiable incidents were reported in a timely manner and retrospective notifications were submitted as requested.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that a falls policy is developed for use in the home in accordance with best practice guidelines and that staff adhere to this. Nursing staff must carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record, including contact with next of kin and appropriate professionals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that the falls policy had been updated to reflect best practice guidance. Review of one care record evidenced when an identified patient had	

	sustained a head injury, neurological and clinical observations were carried out consistently in accordance with best practice guidance and the homes policies. The patient's next of kin and care manager were appropriately notified.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>Particular attention should be given to the areas for improvement identified in section 6.4.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of the records and of the environment evidenced that some improvements have been made since the last care inspection on 24 August 2018. For example, hand hygiene posters have been erected beside wash hand facilities and training has been delivered to staff. However, deficits were identified in relation to environmental cleaning, use of/availability of personal protective equipment (PPE), hand hygiene and waste management. This is discussed further in section 6.3 of this report.</p> <p><b>This area for improvement is partially met and is stated for a second time.</b></p>	<b>Partially met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38.3 <b>Stated:</b> First time	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>In particular, evidence must be available that staff are physically and mentally fit for their work prior to commencing employment.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of two staff recruitment files confirmed they contained appropriate evidence that staff were physically and mentally fit for their work prior to commencing employment. However,</p>	<b>Partially met</b>



	<p>neither of the two records evidenced that gaps in employment records were explored and explanations recorded. In addition, one file only had one written reference linked to the requirements of the job.</p> <p><b>This area for improvement is partially met and is stated for a second time.</b></p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the staffing rota is maintained in accordance with this standard.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the staffing rota evidenced that it was maintained in accordance with this standard.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>This area for improvement is made in reference to infection prevention and control practice.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff evidenced that additional infection prevention and control (IPC) training had been provided and audits have been completed. However, deficits in staff knowledge, inappropriate use of PPE and waste disposal were not identified as part of the evaluation process and quality improvement measures that are currently in place. The registered person should ensure these are reviewed to ensure they are robust enough to meet this area for improvement.</p> <p><b>This area for improvement is partially met and is stated for a second time.</b></p>	<b>Partially met</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the outcome of care delivered is monitored and recorded contemporaneously. In addition, it is subject to review at agreed intervals and there is evidence of evaluations.</p> <p>This area for improvement is made in with specific reference to wound care management.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of one identified patient's care record evidenced that care was assessed, implemented and evaluated in keeping with best practice guidance.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p>	<p>The registered provider shall ensure that care plans are reviewed and updated in response to the changing needs of patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of three patient care records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed that two staff meetings had taken place since the previous care inspection. These were in August 2018 and November 2018. Minutes were available. The registered manager was reminded to plan meetings at least a quarterly interval for the next year.</p>	<p><b>Met</b></p>



<b>Area for improvement 7</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<p>The registered person shall ensure monthly audits are completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with the registered manager evidenced the introduction of a new care records audit along with a hand hygiene audit tool. However, deficits with the auditing process were identified. This is discussed further in section 6.3 of this report.</p> <p><b>This area for improvement is partially met and is stated for a second time.</b></p>	<b>Partially met</b>
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time	<p>The registered person shall ensure staff have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff evidenced clinical supervision had taken place since the previous care inspection. Discussion with the registered manager confirmed supervision and appraisals are planned for and ongoing.</p>	

### 6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 24 August 2018.

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. 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 patients' needs in a caring manner.

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, well decorated and fresh smelling throughout. Many of the patient's bedrooms were

found to be highly personalised. Patient's representatives and staff spoken with were complimentary in respect of the home's environment. During review of the environment concerns were identified in regards to the management of risks to patients. For example, substances that are hazardous to health were observed to be stored in an unlocked cupboard in an identified bathroom. This was discussed with the registered manager and as this poses a risk of injury or harm to the patients an area for improvement was made under regulation.

Concerns were identified in relation to management of IPC during the care inspection on 24 August 2018. It is disappointing that the actions required to address the areas of concern have not been taken. Additional deficits were identified during this inspection. Areas for improvement were identified as follows:

- PPE is stored in a central cupboard and is not readily available throughout the home; there was no evidence that mastered locks were fitted to sinks as stated in the returned quality improvement plan
- we observed a continued inconsistent approach to the effective use of PPE and hand hygiene by staff
- an identified rusted shower bed – this should be repaired or replaced
- stained and damaged shower bed covering and head rest – this should be recovered or replaced
- no clinical waste bags in any of the bathrooms - these are stored on the floor after use and are carried outside for disposal. This practice should be discontinued and consideration be given to the use of pedal bins as per best practice guidance
- inappropriate storage of pads, wipes and PPE in an identified bathroom
- significant debris on wipeable light pull cord coverings - these should be cleaned or replaced with consideration to alternative fittings
- inappropriate disposal of PPE in non-clinical waste bags
- clinical waste not disposed in line with best practice guidance
- heavily rusted castors on an identified shower chair– this was identified at the last care inspection and should be disposed of immediately and replaced
- broken pedal bin in an identified bathroom - this was identified at the last care inspection and should be disposed of immediately and replaced
- patient equipment not decontaminated after patient use
- staining underneath an identified hand towel dispenser and shower chair.

Details were discussed with the registered manager and an area for improvement under regulation was stated for a second time. The registered manager should review current arrangements for infection prevention and control training to ensure knowledge gained is embedded into practice.

Discussion with a member of catering staff evidenced that they had attended training in relation to the provision of modified diets. Review of records held in the kitchen evidenced these had been reviewed and updated since the previous care inspection.

Discussion with domestic staff within the home confirmed that they had not received up to date IPC or protection of vulnerable adult training. In addition, observation of practice evidenced a lack of knowledge in relation to IPC practices. For example, PPE was not changed in-between cleaning of patient's bedroom and one member of domestic staff was unaware of basic standard precautions to prevent the spread of infection. This was discussed with the registered manager who confirmed the staff were contracted workers but was unable to provide evidence

that the staff had received training appropriate to the work they were performing. A phone call was made to the agency who confirmed that these staff had received satisfactory Access NI checks via their company. Assurances were sought and given by the registered manager that no contracted staff would work in the home until evidence of satisfactory Access NI checks and appropriate training were provided. An area for improvement under regulation was made.

Consultation with three patients individually, and with others in smaller groups, confirmed that living in The Haven was a positive experience. Some of the comments received from patients were as follows:

“I’m very happy”

“We like to go out for a coffee morning, I like it here”

“It’s a nice place. The staff are nice too. The food is lovely sometimes.”

Ten patient questionnaires were left in the home for completion. None were returned within the expected timescale.

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.

Ten relative questionnaires were provided; none were returned within the timescale for inclusion in this report. Three relatives were consulted during the inspection. Some of the comments received were as follows:

“It’s great. No complaints. The care is good and the communication is excellent.”

“It is clean and tidy and well looked after. The care is excellent. They never do anything without contacting me.”

“If my relative isn’t well they always contact us. We are very happy he is here. The staff are absolutely brilliant.”

Review of audit records evidenced the introduction of a care record audit and a hand hygiene audit tool. A total of 17 care records had been audited since the previous care inspection. However, deficits were identified in the robustness of the IPC audits. Audits were completed every month from July 2018 until October 2018 although the tool used appeared to be more suited to a hospital setting. No percentage score was generated in keeping with the tool that was utilised to evidence how well the home was performing. In addition, the audits did not identify deficits highlighted during the inspection such as rusted and stained equipment, the lack of clinical waste bags in high risk areas such as bathrooms and toilets. None of the audits generated a clear action plan which identified what the deficits were, who was responsible for addressing them and a date by when they would be addressed. This was discussed with the registered manager and had been identified as an area for improvement at the inspection of 24 August 2018. This area for improvement has been stated for a second time.

### **Areas of good practice**

Evidence of good practice was found in relation to, the personalisation of patient’s bedrooms, the culture and ethos of the home and maintaining good working relationships.

## Areas for improvement

Two areas for improvement under regulation were identified in relation to safe storage of substances hazardous to health and ensuring contract/agency staff employed in the home receive appropriate training.

	Regulations	Standards
Total number of areas for improvement	2	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Frances Mary McKenna, registered manager, as part of the inspection process. 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 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 DHSSPS 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.  Particular attention should be given to the areas for improvement identified in section 6.4 of the care inspection report from 24 August 2018.  Ref: 6.2 and 6.3
	<b>Response by registered person detailing the actions taken:</b> PPE is stored in all bathrooms throughout the home in a locked cupboard , keys have been distributed to all staff. The identified rusted shower trolley has been replaced. Clinical waste bins are now in place in all bathrooms. Identified broken pedal bin has been repaired.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	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.  This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b> All substances hazardous to health are stored in a locked cupboard, this includes the cleaning spray identified at inspection used for decontamination of residents equipment.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that the persons employed by the registered person to work at the nursing home receive appraisal, mandatory training and other training appropriate to the work they are to perform.  This area for improvement is made with specific reference to contract/agency staff employed in the home.  Ref: 6.3

	<b>Response by registered person detailing the actions taken:</b> The Contract with the cleaning company has now ceased and the home now employ domestic/cleaning staff.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.
	In particular, evidence must be available that staff are physically and mentally fit for their work prior to commencing employment.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Full Compliance will be maintained in all aspects of recruitment legislation .
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.7  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 September 2018	The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement.
	This area for improvement is made in reference to infection prevention and control practice.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Three senior care staff have been made infection control champions within the home. Audits have be reviewed and updated to easily reflect any shortcomings and action taken.

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



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