Unannounced Care Inspection Report
5 September 2016

The Haven

Type of Service: Nursing Home
Address: 19 Quarry Lane, Dungannon, BT70 1HX
Tel no: 028 8772 6912
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of The Haven took place on 5 September 2016 from 11.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The environment of the home was warm, well decorated, fresh smelling and clean throughout.

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

Weaknesses were identified in the arrangements for monitoring the registration status of nursing and care staff. One requirement has been made.

Is care effective?

Care records reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients' representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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. The feedback received from patients was very complimentary regarding the care they received and life in the home. Relatives were also complimentary of the quality of care and services provided.

Feedback received from one relative and one member of staff however, indicated some concerns regarding the withdrawal of the minibus and the impact this had on patients' outings. One recommendation has been made.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the registered manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Some weaknesses were identified in respect of the annual quality report. A recommendation has been made.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Frances 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 16 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: 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

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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 (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 25 patients, one relative, two registered nurses, five care staff, one cook and one domestic staff.

Questionnaires for patients (three), relatives (10) and staff (10) to complete and return were left for the registered manager to distribute. Three patients, eight relatives and eight staff completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff recruitment records
- staff training records
- accident and incident records
- notifiable events records
- sample of audits
- staff supervision and appraisal planner
- complaints and compliments records
- nurse competency and capability assessments
- minutes of staff meetings

- minutes of patient/relatives meetings
- monthly monitoring report
- annual quality report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 June 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015

Last care inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref:** Regulation 44.8 **Stated:** First time **To be Completed by:** 31 January 2016	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.	**Met**
	Action taken as confirmed during the inspection: All radiators in bedrooms and communal areas had been fitted with covers to reduce the likelihood of injury from contact with hot surfaces.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 4.2 **Stated:** First time **To be Completed by:** 30 November 2015	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.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that this care plan had been developed. There were no patients with stomas at the time of this inspection.	

Recommendation 2 **Ref**: Standard 39.4 **Stated:** First time **To be Completed by:** 31 March 2016	The registered manager should ensure that all registered nurses receive training and be assessed as competent in male and female catheterisation.	**Met**
	Action taken as confirmed during the inspection: All registered nurses attended training and were assessed as competent in male and female catheterisation on 7 March 2016.	
Recommendation 3 **Ref**: Standard 41.4 **Stated:** First time **To be Completed by:** 11 November 2015	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of three weeks duty rotas evidenced that this recommendation had been met.	
Recommendation 4 **Ref**: Standard 32 **Stated:** Second time **To be Completed by:** 31 March 2016	The registered manager should ensure that all staff are provided with an update in the management of death, dying and bereavement Training should also be provided for all nursing staff and care assistants in respect of palliative/end of life care commensurate with their responsibilities.	**Met**
	Action taken as confirmed during the inspection: Training was provided in palliative/end of life care for nurses and care assistants on 22 February 2016.	

4.3 Is care safe?

The registered manager 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 rotas for weeks commencing 22 and 29 August and 5 September 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with the registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Three personnel files were viewed and we were able to evidence that all the relevant checks had been completed.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Review of training records evidenced that mandatory training had been completed to date. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

A planner was in place to ensure all staff received supervision and appraisal and there was evidence that supervision and appraisal meetings had taken place with the majority of staff to date in 2016.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were not sufficiently robust. We identified that the registration status of a nurse had recently lapsed. The registered manager confirmed that the nurse would not be rostered to work shifts until their registration status had been renewed. A requirement has been made in this regard.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the registered manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Trust representatives, patients' representatives and RQIA were notified appropriately.

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

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

One requirement has been made in respect of the arrangements for monitoring the registration status of nursing and care staff.

Number of requirements	1	Number of recommendations	0

4.4 Is care effective?

Care records, which were maintained on an electronic system, reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

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 could raise these with their line manager and /or the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. We were informed that regular patient/representative meetings were held every month. The minutes of a patient/relatives meeting held in June 2016 were available in the home.

Patients' representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Four patients, one patient's representative and seven staff completed questionnaires. Some comments are detailed below.

Staff

- "I'm happy here. There is good teamwork."
- "The manager is very approachable."
- "There is a lovely, homely atmosphere."
- "The home had a minibus which was used to take patients on outings once or twice per week. This has been removed approximately two years ago and as a result the patients do not get out as often now. We rely on taxis which may not always be available at times to suit the patients' needs". This was discussed with the registered manager following the inspection and a recommendation has been made accordingly.

Patients

- "Everything is very good here."
- "I like it here."

Patients' representatives

"We are very pleased with the care provided. The staff are all very good and keep me informed of any changes. My relative used to go out more when they had the minibus."

Areas for improvement

A recommendation has been made for a review of the activities programme to ensure it is responsive to patients changing needs and provides opportunities for social inclusion in community events.

Number of requirements	0	Number of recommendations	1

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Discussion with the registered 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 the home's complaints record and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. A survey of patient/representatives views on the quality of care and services provided was conducted annually and the 2015 report was available for review and indicated a high level of satisfaction in the majority of areas. Two responses indicated

some dissatisfaction with laundry services, however there was no evidence of an action plan to address these concerns. The registered manager confirmed that these issues had been addressed. A recommendation has been made for an action plan to be in place in all future annual quality reports to address any areas of concern.

Discussion with the registered manager and review of records for June, July and August 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

One recommendation has been made in respect of the annual quality report.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

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

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref**: Regulation 20 (c) (ii) **Stated:** First time	The registered provider must ensure the arrangements for monitoring the registration status of nursing and care staff is appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). **Ref: Section 4.3**
To be completed by: 15 September 2016	**Response by registered provider detailing the actions taken:** A Robust system is now in place to monitor the status of staff Registered with NMC & NISCC.
Recommendations	
Recommendation 1 **Ref**: Standard 11.8 **Stated:** First time	The registered provider should review the activities programme to ensure it is responsive to patients changing needs and provides opportunities for social inclusion in community events. **Ref: Section 4.5**
To be completed by: 30 September 2016	**Response by registered provider detailing the actions taken:** Activities programme has been reviewed to provide more opportunities for inclusion in community events.
Recommendation 2 **Ref**: Standard 34.16 **Stated:** First time	The registered provider should ensure that an action plan is in place in all future annual quality reports to address any areas of concern. **Ref: Section 4.6**
To be completed by: 31 December 2016	**Response by registered provider detailing the actions taken:** An Action plan has been developed and will be included in all future Annual quality reports.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews