



Unannounced Care Inspection Report 10 September 2020



The Haven

Type of Service: Nursing Home
Address: 19 Quarry Lane, Dungannon BT70 1HX
Tel No: 028 8772 6912
Inspector: Bronagh Duggan

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 30 patients for people with learning disabilities.

3.0 Service details

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| Organisation/Registered Provider: The Haven Responsible Individuals: Kathleen McQuaid Patrick Gerard Kelly McQuaid | Registered Manager and date registered: Margaret Wallace (registration pending) |
| Person in charge at the time of inspection: Margaret Wallace | Number of registered places: 30 |
| Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. | Number of patients accommodated in the nursing home on the day of this inspection: 27 |

4.0 Inspection summary

An unannounced care inspection was completed on 10 September 2020 from 10:00 until 18:00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Patients said they liked living in the home and had good relations with staff.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | *2 | 1 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Margaret Wallace, manager, as part of the inspection process. The timescales for completion commence from the date of inspection. *One area for improvement from the previous inspection has been stated for a second time.

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

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

During the inspection the inspector met with 11 residents individually and others in groups, five staff and the manager. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow residents 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. Ten questionnaires were returned within the identified timescale, responses received were all positive.

The following records were examined during the inspection:

- duty rota
- two care records
- staff training records
- three staff recruitment records
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- accident and incident records
- certificate of registration.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced joint care and estates inspection undertaken on 13 June 2019.

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: Second time | 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. | Met |
| | This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health. | |
| | Action taken as confirmed during the inspection: Discussion with the manager and inspection of the home environment showed that substances were managed safely and securely. There were no hazardous items observed sitting accessible to patients within the home. | |
| Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time | The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded. Before making an offer of employment applicants should have two written references, one of which should be from their present or most recent employer. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of three staff recruitment files showed that all relevant information had been obtained prior to making an offer of employment. | |
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| <p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> | <p>The registered person shall ensure safe moving and handling training is embedded into practice. This area for improvement is made with specific reference to the use of wheelchair footplates.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and observations made during the inspection showed wheelchair foot plates were being used appropriately during the inspection.</p> | <p>Met</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that care records are reviewed and evaluated regularly in accordance with regulations. All patients must have up to date and individualised care plans in place to direct staff in the delivery of care.</p> <p>Action taken as confirmed during the inspection: We reviewed a sample of records relating to repositioning, we found the records were not maintained on an up to date basis. This area for improvement has been stated for a second time on the QIP appended to this report.</p> | <p>Not met</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 14 (2)(a), (a),(b) & (c)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the Gas Safe Register engineer report recommendations are implemented in compliance with health & safety legislation requirements.</p> <p>Action taken as confirmed during the inspection: Information regarding the Gas Safe Register engineer inspection report was forwarded to RQIA following the inspection and shared with estates. The information provided was satisfactory and in keeping with health and safety legislation requirements.</p> | <p>Met</p> |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
|---|--|---------------------------------|
| Area for improvement 1 Ref: Standard 12 Stated: First time | The registered person shall review the patient dining experience to ensure the deficits identified in this report are addressed in line with current best practice guidance. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and observations made during the inspection showed improvements had been made with regards to the patients dining experience. | |
| Area for improvement 2 Ref: Standard 16 Stated: First time | The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The registered person must ensure that any expression of dissatisfaction is viewed as a compliant and managed accordingly. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of complaints records maintained in the home showed that these had been managed appropriately. | |

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.00 am, the manager was in charge of the home. We discussed with the manager staffing levels and viewed staff duty rotas for the period of 31 August 2020 to 13 September 2020. We could see shifts were adequately covered and there were stable staffing arrangements in place. The duty rota showed who was in charge of the home in the manager's absence.

Staff spoken with were satisfied with the staffing levels in the home, no concerns were raised regarding levels. Observations made during the inspection showed staff interacted positively with patients in an unhurried manner. Staff confirmed there was a good sense of team working in the home.

We discussed with staff their experiences of working in the home, staff were aware of the individual needs of patients. Staff confirmed they were aware of the reporting arrangements and who to speak with if they had any concerns. Staff spoken with confirmed there was a strong focus on promoting person centeredness.

Comments received from staff included:

- “It’s a real wee family home for the residents; they are here a long time. They are like a family.”
- “It’s really nice working here, the manager is very good.”
- “Communication is brilliant, especially with Covid (situation) information always changing.”
- “I wish all homes were like here.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19. There was an automated thermometer situated in the entrance hall of the home. Prior to entering the home the inspector’s temperature and other relevant information was obtained and recorded. Signage showing the seven steps handwashing technique was displayed throughout the home.

The manager confirmed all patients and staff had temperatures taken twice daily. PPE supplies and hand sanitization was available for staff to access as needed. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff including domestic staff had completed training in infection prevention and control and hand hygiene.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. We viewed a range of communal areas including lounges, the main dining area and bathrooms. We also viewed a number of patient’s bedrooms, these were found to be individualised and nicely decorated with personal mementos displayed. It was noted some environmental improvements had been started including repainting and the laying of flooring. The manager advised the work had to be put on hold due to Covid 19 however, there were plans in place for the work to recommence as soon as it was deemed safe to do so. The manager advised the situation would be fully risk assessed.

We noted in one of the lounges a fire safety door hold open device was broken, this issue was discussed with the manager. An area for improvement was identified. In addition we spoke with the manager regarding the benefit of ensuring thermometers were positioned throughout the home in areas used by patients. Although thermometers were observed in some parts of the home, an identified lounge was highlighted to the manager who confirmed a thermometer would be put in place.

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patient's individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences. We observed the lunch time experience, tables were nicely set, patients were supported by staff as necessary and staff were available to supervise throughout lunchtime. Patients appeared relaxed and were offered a choice of meal, seconds were offered, feedback from patients indicated that they were happy with food provided.

Throughout the day patients were observed relaxing in their bedrooms, while others rested in the communal lounge areas. Some were observed participating in arts and crafts while others listened to music or watched television. The manager shared that when the weather is good patients accessed the enclosed garden area which was wheelchair friendly and included a number of seating areas.

We observed that patients appeared comfortable; staff were available throughout the day to meet their needs. Patients had differing levels of communication ability during discussion staff confirmed they were aware of the importance of responding to nonverbal signs from patients. The manager advised due to the Covid 19 situation a limited visiting policy was in place, visits were limited, planned in advance and were carried out in a socially distanced way with PPE available for visitors to the home. The manager advised contact was also maintained between patients and relatives via telephone and video technology.

Comments from patients included:

- "I like it, staff are kind."
- "Staff are very nice, they do all they can for you. I can't complain, the food is good."
- "It's dead on, I can't complain about anything. Staff, you couldn't fault them."
- "I like it here."
- "It's alright, staff are nice enough."

6.2.5 Care records

A sample of two care records was reviewed; records were maintained on an electronic recording system. Records reviewed included an assessment of need, life history, risk assessments, care plans and daily evaluation records. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred. However it was noted from one of the records reviewed relevant risk assessments were not in place in relation to the individuals identified needs. This issue was discussed with the manager, an area for improvement was identified.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. The manager retains oversight of the home the manager confirmed she had felt well supported during recent months by the senior management team. Staff spoken with confirmed they were kept well informed of changes as they happened, they found the manager to be approachable, and were happy to raise any issues.

We reviewed a sample of audits which were completed on a regular basis including IPC, accident, hand hygiene, environment, medication and staff training. Where actions were identified, there was evidence to show when they had been addressed. There was a system in place regarding the reporting of notifiable events. Review of the records showed that they were largely effectively documented and reported to all relevant organisations as necessary. We discussed with the manager the general storing of information as it was being drawn from different sources some was available in hard copy and some electronically. The benefit of triangulating all information to one system was discussed.

A review of a sample of training records showed mandatory training was maintained on an up to date basis. Plans were in place for staff to complete further training in October 2020. The manager advised the majority of recent training had been completed online due to Covid 19 restrictions with regards to face to face, practical training. The manager advised there was a system in place regarding the management of complaints. Complaints received since the previous inspection were reviewed, records showed these were handled satisfactorily.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports for May, June and July 2020 were reviewed. We discussed the completion of the reports as the most recent reports were not completed using the standardised report framework. This issue was discussed with the manager who confirmed the original template would be reintroduced.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interactions with patients, governance arrangements, management of incidents, and maintaining good working relationships.

Areas for improvement

Two new areas were identified for improvement in relation to improving the identified fire door hold open device and ensuring relevant risk assessments were completed for the identified individual regarding the management of their care.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 1 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Wallace, 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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

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|--|--|
| Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 12 September 2020 | <p>The registered person shall ensure that care records are reviewed and evaluated regularly in accordance with regulations. All patients must have up to date and individualised care plans in place to direct staff in the delivery of care.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All Care Plans have been updated. Care Plan policy has been put in place to ensure that records are reviewed in accordance with regulations.</p> |
| Area for improvement 2 Ref: Regulation 14 (d) (iv) Stated: First time To be completed by: 10 October 2020 | <p>The registered person shall ensure the identified fire safety hold open device is improved upon.</p> <p>Ref 6.2.3</p> <p>Response by registered person detailing the actions taken: Fire holder devices are all fully operational.</p> |

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

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|--|---|
| Area for improvement 2 Ref: Standard 4.1 Stated: First time To be completed by: 24 September 2020 | <p>The registered person shall ensure the identified patients care record is reviewed and updated to reflect relevant risks identified and outline plans in place to reduce the risks.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Care plans have been updated to reflect identified risks. Care plan policy put in place to guide staff.</p> |
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Please ensure this document is completed in full and returned via Web Portal



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