

Unannounced Care Inspection Report 17 October 2017



The Haven

Type of Service: Nursing Home (NH)
Address: 19 Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 87726912
Inspector: Gerry Colgan

www.rgia.org.uk

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 17 October 2017 from 09.00 to 16.00 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, risk management, record keeping, audits and reviews, communication between residents, staff and other key stakeholders. Other areas of good practice include the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Patients said:

“I love the arts, crafts and gardening.”
 “Well looked after here. They are all good people.”
 “It’s lovely. I like all the other children here.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Areas requiring improvement were identified under the regulations in relation to staff recruitment and under the standards in relation to the environment.

As a result of this inspection, RQIA was concerned that recruitment processes within The Haven were below the minimum standard expected. A decision was taken to hold an intention meeting to issue a failure to comply notice in relation to recruitment processes. The meeting took place at RQIA on 25 October 2017.

During the intention meeting the responsible individual acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. RQIA were satisfied with the action plan and assurances provided and a decision was made not to serve the failure to comply notice.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Kathryn McQuaid, director and Orla Arkinson, nurse in charge, 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 31 July 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 July 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 2 October to 29 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 the most recent inspection dated 31 July 2017.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 September 2016.

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 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).	Met
	Review of records confirmed that a robust system has been developed to 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).	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 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.	Met
	Action taken as confirmed during the inspection: The home has a 7 day activity programme in place and 5 different patients go out to the shops and have coffee each week. The director confirmed that this programme is subject to regular review to ensure it is responsive to patients changing needs and provides the opportunities for social inclusion in community events. Patients were involved in a range of activities on the day of inspection.	

Area for improvement 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.	Met
	Action taken as confirmed during the inspection: Review of the monthly audit programme and review of the annual quality review report confirmed that action plans are in place to address areas of concern.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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. A review of the staffing rota for weeks commencing 2 October to 29 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of three staff personnel files evidenced that AccessNI enhanced disclosure checks had not been secured for two members of staff until after commencement of employment. The personnel file of one of these members of staff also contained only one reference check. Given these findings, RQIA was concerned that recruitment processes within The Haven were below the minimum standard expected. A decision was taken to hold an intention meeting to issue a failure to comply notice in relation to recruitment processes. The meeting took place at RQIA on 25 October 2017.

During the intention meeting the responsible individual acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. RQIA were satisfied with the action plan and assurances provided and a decision was made not to serve the failure to comply notice. This has been identified as an area for improvement under the regulations and will continue to be monitored through inspection.

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.

Staff receive regular supervision, annual appraisals and competency and capability assessments as applicable.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the nurse in charge 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, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the nurse in charge and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The nurse in charge and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the nurse in charge confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. 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. Where any shortcomings were identified safeguards were put in place.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of most of the bedrooms and all bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. The director confirmed that work is due to commence on refurbishment of all bathrooms and toilets. Infection prevention and control measures were adhered to and equipment was appropriately stored. The sluice room flooring was worn and peeling away from the walls therefore preventing adequate cleaning. Two wheelchairs were observed and had not been appropriately cleaned. These were identified as areas for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

An area of improvement was identified under the regulations to ensure that staff are recruited in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement under the standards were identified in relation to the implementation of a process to ensure wheelchairs are properly cleaned and to replace the floor in the sluice room.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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. Care records accurately 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. A review of three supplementary care records such as repositioning and food and fluid intake evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

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. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. 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.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Observation and discussion with the nurse in charge and staff confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the nurse in charge confirmed that staff meetings were held on a three monthly basis and records were maintained. 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. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patients spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. On the day of inspection twelve patients were enjoying arts and crafts with the activity therapist and care staff.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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 patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

Discussion with the director confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually, and with others in smaller groups, confirmed that they were happy and content living at The Haven.

Patient comments:

- “Very good place. They take me out and all.”
- “I like the staff and dinners.”

Questionnaires were also left in the home to obtain feedback from patients, patients’ representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution. Three patients, six staff and one relative returned questionnaires. All were either very satisfied or satisfied that the care in The Haven was safe, effective, compassionate and well led. No comments were provided.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the director and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the nurse in charge and review of records and observation evidenced that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered provider. The nurse in charge confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the director and review of the home's complaints record 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. A copy of the complaints procedure was displayed at the reception of the home and staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the nurse in charge 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.

Discussion with the director 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 and 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 improvement had been embedded into practice.

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.

Discussion with the director and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Kathryn McQuaid, director and Orla Arkinson, nurse in charge, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements and records should be available for inspection.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: AS discussed at the meeting held on 25th October 2017, actions and arrangements are now in place to ensure complete compliance with the required regulation.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 43.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall implement a process to ensure all wheelchairs are properly cleaned.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Wheel chair cleaning rota has been updated and staff sign when task completed. Wheel chair cleaning has also been added to the new deputy nurse manager's monthly audit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall replace the floor covering in the sluice room to ensure it can be adequately cleaned.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: A complete refurbishment has commenced on all bathrooms and toilets within the home, this includes the sluice room which is scheduled to have floor covering replaced by 22nd December</p>



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