

Inspection Report

20 July 2021



The Haven

Type of service: Nursing Home
Address: 19 Quarry Lane, Dungannon, BT70 1HX
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Haven Responsible Individual(s): Patrick Gerald Kelly McQuaid Kathleen McQuaid	Registered Manager: Margaret Wallace Date registered: 24 September 2020
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
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 30 persons. The home is on ground floor level, it consists of 30 single bedrooms. Patients have access to communal lounges, dining room and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2021 at 10.15am to 18.15pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified in relation to moving and handling, care planning and staff awareness in relation to diabetes, repositioning charts and the environment.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection we met with 16 patients individually and others in groups, and six staff. In accordance with their capabilities and level of understanding patients spoke in positive terms about the care they received and their life in the home.

Staff said there was good teamwork and they were well supported by the management of the home.

The duty rota identified the person in charge of the home in the managers absence.

Staff told us that the patients' needs and wishes were very important to them. One staff member stated "it's a real homely home, the residents are well looked after, it is their home first and foremost." It was observed that staff responded to requests for assistance in a caring and compassionate manner.

Staff were satisfied with the staffing levels and the level of communication between management and staff.

Nine completed questionnaires were returned from patients, responses were all positive in relation to the care provided in the home. There were no responses received from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of care records showed these were regularly reviewed and updated. We discussed the type of system in place regarding the recording of repositioning information. See main body of report, for further information.	
Area for improvement 2 Ref: Regulation 14 (d) (iv) Stated: First time	The registered person shall ensure the identified fire safety hold open device is improved upon.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the use of the identified fire safety holding device showed it was in working order.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement Ref: Standard 4.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the care record showed it had been updated accordingly.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with an induction programme to prepare them for working with the patients. One staff member stated “I had a really good induction, the girl that inducted me gave very detailed information. I am very happy here and know what to be doing or how to get help.”

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics. Records showed staff were registered with relevant professional bodies including Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC). Competency and capability assessments were in place for any nurse left in charge of the home in the manager’s absence.

Staff said there was good team work and that they felt well supported in their role. They were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty. Staff told us that planned staffing levels were usually maintained, and if on any occasion there was a short notice absence every effort would be made to get cover.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patient’s needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients’ needs including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patient’s needs. For example staff were observed supporting patients on an individual basis and taking time to listen carefully to requests.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which reflected the needs of the patients.

Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to residents discreetly.

Some patients were found to require specialist equipment the use of which was reflected in individual patients care records. Equipment was observed as being available as required. It was observed on occasions that patients were not always correctly positioned in wheel chairs specific reference to this relates to the appropriate use of footplates. This issue of ensuring correct moving and handling procedures and correct use of equipment was discussed with the manager. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience is an opportunity for patients to socialise, staff confirmed there was usually two sittings at lunch and dinner time to ensure patients were given the time and space required for a pleasant meal time experience.

The food provided to patients was attractively presented and smelled appetising. Staff were available to provide direct support as required. Tables were nicely set with condiments and patients were offered a range of drinks to choose from.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Input from dietetics was reflected in care records where required.

Patients that were able to share their views confirmed they were happy living in the home comments received included "I like it here alright, the staff are good craic, the food is good, Im happy with my room" another patient stated "its powerful, the staff are kind".

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

We discussed with the manager the effectiveness of the system in use in relation to repositioning records being completed as some omissions were noted. It was shared that there appeared a time delay between the delivery of care and updating the electronic recording system thus records were showing excessive time lapse. The need to review the current system and ensure arrangements were in place to ensure repositioning records were contemporaneous was discussed with the manager. An area for improvement was identified.

Review of an identified patients care record showed that it contained limited information with regards to signs to look out for and how best to manage diabetes. This issue was discussed with the manager. An area for improvement was identified to ensure the identified care record was further developed to ensure all relevant information was included. In addition an area for improvement was identified in relation to ensuring all relevant staff complete training in relation

to diabetes awareness and or management. Records showed staff nurses had completed training but care staff had not.

Patients' individual likes and preferences were reflected within patients personal profile information. Care plans contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that there had been a number of environmental improvements since the previous inspection including the paintwork in general areas including corridors, patients bedrooms, communal lounge area and visitors room. The manager confirmed further plans were in place to ensure door frames and skirting's were repainted. New furnishings were also evident throughout parts of the home. The home was warm, clean and tidy.

Patients' bedrooms were personalised with items important to them. The dining room was found to be bright, clean and tidy. Some equipment and furnishings were found to be in need of repair or improvement these included the mattress on an identified shower trolley which was badly stained. A sofa in an identified day room was in poor condition, and an identified bedframe was also badly chipped. These issues were discussed with the manager. An area for improvement was identified.

The most recent fire safety risk assessment had been completed in September 2020 records showed any recommendations made had been actioned.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Patients in keeping with their level of understanding confirmed that they were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where they wished to spend their time.

Observations during the inspection showed some patients relaxed in their bedrooms while others were in the communal lounge areas. Patients had the opportunity to listen to music and watch television. A number of patients were observed participating in an activities session which included arts and crafts preparation.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place in keeping with regional guidance with positive benefits reported for the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager outlined the appointed safeguarding champion arrangements for the home. It was established that there were systems and processes in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. We discussed with the manager how these could be more clearly recorded for ease of reference. Review of the home's record of complaints confirmed that these were managed appropriately.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described them as supportive and approachable. One staff member shared their view that the manager was "brilliant and very approachable" another said the manager was "very good."

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home.

The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Conclusion

Patients were clean and tidy in appearance, and were seen to be content in the home. Staff treated patients with respect and kindness and were observed to be attentive to patients who were unable to verbally express their needs. The home was warm, clean and tidy with obvious improvements made since the previous inspection. There were systems in place to ensure the ongoing monitoring and review of the quality of care delivered in the home.

As a result of this inspection four areas for improvement were identified in respect of moving and handling, care planning and staff awareness in relation to diabetes, repositioning charts and the environment. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Margret Wallace, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14.3 Stated: First time To be completed by: With immediate effect	The registered person shall ensure suitable arrangements to provide a safe system for moving and handling patients. Reference to this is made for particular attention to be given to the positioning of patients in wheelchairs and ensuring foot rests are used as required. Ref: 5.2.2
	Response by registered person detailing the actions taken: The OT was contacted on the day of the Inspection. She came to the Nursing Home the following day and made the required adjustments to the wheelchairs in question.
Area for improvement 2 Ref: Regulation 13.1 (a) Stated: First time To be completed by: 27 July 2021	The registered person shall ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients. Reference to this includes ensuring the care plan for the identified patient is reviewed and updated to clearly reflect in detail how diabetes should be managed. In addition all relevant staff including care staff should complete training in relation to diabetes awareness and or management. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff nurses are diabetes aware. Clinical supervision has commenced with Care staff as we have been unable to source training for care staff working in a Nursing environment on the awareness and management of diabetes. We will however continue to try and source same.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: 21 July 2021	The registered person shall ensure the recording system is reviewed and improved upon to ensure records maintained are contemporaneous. Reference to this includes ensuring repositioning records are completed appropriately and in a timely manner. Ref: 5.2.2
	Response by registered person detailing the actions taken: Clinical supervision has commenced with all Staff Nurses and care staff on record keeping. This has also been highlighted during staff meetings.

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<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2021</p>	<p>The registered person shall ensure the following environmental improvements are made:</p> <ul style="list-style-type: none"> • The mattress on the identified shower trolley should be replaced • The identified sofa should be improved upon or replaced • The identified bedframe should be improved upon. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The mattress on the identified shower trolley has been ordered. The identified sofa has been repaired. The bedframe had an extension added to it, along with new foot board.</p>
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