

Unannounced Care Inspection Report 19 September 2017



Peacehaven

Type of Service: Residential Care Home
Address: 34-38 Newry Street, Rathfriland, BT34 5PY
Tel No: 028 4063 8855
Inspector: Alice McTavish

www.rqia.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 residential care home with eight beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Peacehaven Care Services Ltd Responsible Individual: Mary O'Hanlon	Registered Manager: Mary O'Hanlon
Person in charge at the time of inspection: Mary O'Hanlon	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 19 September 2017 from 10:20 to 15:00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention, care records, communication between residents, staff and other key stakeholders and governance arrangements.

Areas requiring improvement were identified. One area related to the fitting of suitable hold open devices linked to the fire alarm system on internal doors and was stated for a second time. One area related to a risk assessment for the temporary use of a wedge to the lounge door along with risk management arrangements for the use of the wedge to the door.

Residents said that they liked living in the home and that the staff treated them well.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Mary O'Hanlon, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events received since the previous care inspection.

During the inspection the inspector met with six residents, two care staff and the registered manager. No visiting professionals and no residents' visitors/representatives were present.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Care files of two residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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

The findings of the inspection were provided to the 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 19 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned for approval 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 10 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27. (4) (d) (i) Stated: First time	The registered provider must ensure the following – <ul style="list-style-type: none"> the practice of wedging doors open is ceased with immediate effect a review of all internal doors in the home is undertaken with arrangements made for suitable hold open devices linked to the fire alarm system to be fitted to internal doors, where necessary. 	Partially met
	Action taken as confirmed during the inspection: The registered manager advised that a review of internal doors had been undertaken; significant work was required to have one door to the communal lounge fitted with a suitable hold open device linked to the fire alarm system. Prices for this work were being obtained. As residents wished to see into the hallway, this door was wedged open during times when residents used the lounge. This was an interim measure.	
	Part of this area for improvement is stated for a second time.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> • alcohol hand gel dispensers are filled and disposable towels are made available in communal bathrooms • aerosol air fresheners are removed from communal areas and stored securely • in the upstairs communal bathroom, the fabric pull cord is fitted with a wipeable plastic cover and the bin is enclosed in line with infection prevention and control guidance • the lighting in one identified bedroom, currently provided by an uplighter suspended from the ceiling, is reviewed to ensure adequate lighting in the room • the store room on the first floor is kept locked when not in use • in one identified bedroom, a cupboard door, the doors of both bedside lockers and a hinge on the wardrobe are repaired or replaced • in one identified bedroom, the overhead light is repaired • in one identified bedroom, the over bed light is repaired 	Met
	<p>Action taken as confirmed during the inspection: Inspection of the premises confirmed that all identified improvements were made.</p>	
Area for improvement 2 Ref: Standard 29.1 Stated: First time	<p>The registered provider should ensure that each fire alarm call point is individually numbered and checks of call points within each zone recorded.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed a system was in place to ensure that weekly checks were completed of all fire alarm call points which were individually numbered.</p>	

Area for improvement 3 Ref: Standard 9.1 Stated: First time	<p>The registered provider should ensure that care records contain contact details for all professionals who contribute towards the care of residents.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that the contact details for all professionals who contributed towards the care of residents were noted.</p>	Met
Area for improvement 4 Ref: Standard 6.2 Stated: First time	<p>The registered provider should ensure the following is noted within care plans and risk assessments:</p> <ul style="list-style-type: none"> the management of residents who have diet controlled diabetes any residents' allergies to specific medications the regular involvement of any specialist community nurse in the health care needs of residents residents' preference for and associated risks regarding the use of hot water bottles or blankets placed over their knees when sitting <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that care plans and risk assessments noted all of the necessary information.</p>	
Area for improvement 5 Ref: Standard 21.1 Stated: First time	<p>The registered provider should ensure that a policy in relation to the use of hot water bottles is developed.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager established that this practice had ceased and a policy was no longer required.</p>	Met

Area for improvement 6 Ref: Standard 6.6 Stated: First time	The registered provider should ensure that a monthly review and evaluation of the care records of residents is undertaken.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that monthly reviews and evaluations of the care records of residents was undertaken.	

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 registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Staff advised that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff advised that competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was reviewed during a previous care inspection and was found to be consistent with the current regional guidance; it included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager established that no adult safeguarding issues had arisen since the last care inspection. The registered manager advised that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during previous care inspections confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices employed within the home, notably a locked external door, a lap belt on the stair lift and a stair gate. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager advised there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure during a previous care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there

were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted during the previous care inspection that the door between the entrance hall and the communal lounge was held open by a wedge (see section 6.2). The registered manager advised that work was required to have this door fitted with a suitable hold open device linked to the fire alarm system and that prices for this work were being obtained. As residents wished to see into the hallway, as an interim measure, this door was wedged open during times when residents used the lounge. Action was required to ensure compliance with the regulations in relation to the completion of a risk assessment and risk management arrangements for the temporary use of the wedge to the lounge door.

The home had an up to date fire risk assessment in place dated 17 October 2016; no recommendations had been made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 10 July 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

One area for improvement was identified during the inspection. This related to a risk assessment and risk management arrangements for the use of the wedge to the lounge door.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of two residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, behaviour support plans, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of recent resident meetings were submitted on request after the inspection. It was noted that the duration of the meeting and the names of those residents and staff in attendance were not recorded. Action was required to ensure compliance with the standards in relation to the records of residents' meetings.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection. This related to the records of residents' meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect and that they were listened to, valued and communicated with in an appropriate manner; residents' needs were recognised and responded to in a prompt and courteous manner by staff. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, there were residents' meetings and residents were encouraged to actively participate in the annual reviews of their care. In discussion with the registered manager it was identified that some annual care reviews were recently out of date; this was outside the home's control. Advice was provided to the registered manager in relation to ensuring liaison with the trust and how the home could evidence a proactive approach to keeping the trust advised of residents' care needs.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. The registered manager advised that the annual survey for 2017 was in the process of being completed.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, care records and 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

6.7 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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager advised that no complaints had been received since the last care inspection. A review of complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The registered manager advised that, should complaints be regularly received, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Only a very small number of accidents and

incidents had occurred; should more accidents and incidents occur, an audit of accidents and incidents would be undertaken to identify trends and to enhance service provision. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider, who was also the registered manager, identified that she had understanding of their role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

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 Mary O'Hanlon, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27. (4) (d) (i) Stated: Second time To be completed by: 31 October 2017	The registered provider shall ensure that - <ul style="list-style-type: none"> • arrangements are made for suitable hold open devices linked to the fire alarm system to be fitted to internal doors, where necessary Ref: 6.2
	Response by registered person detailing the actions taken: Arrangements have been made for suitable hold open devices to be fitted in January 2018. The company that services the system can not complete the work any earlier.
Area for improvement 2 Ref: Regulation 27. (4) (d) (i) Stated: First time To be completed by: 31 October 2017	The registered person shall ensure the following - <ul style="list-style-type: none"> • a risk assessment is undertaken for the temporary use of a wedge at the lounge door • risk management arrangements are put in place for the use of the wedge at the lounge door Ref: 6.4
	Response by registered person detailing the actions taken: A risk assessment has been undertaken in relation to the temporary use of a wedge at the lounge door. The risk assessment details the management arrangements which have been put in place.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 1.2 Stated: First time To be completed by: 30 November 2017	The registered person shall ensure that minutes of residents' meetings record the time of commencement and end of meetings and the names of those residents and staff in attendance. Ref: 6.5
	Response by registered person detailing the actions taken: The staff have been advised to ensure all future residents meetings record the times of meetings and who is in attendance at the meeting.



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