

# Unannounced Care Inspection Report

## 22 March 2018



## 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](http://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

<b>Organisation/Registered Provider:</b> Peacehaven Care Services Ltd  <b>Responsible Individual:</b> Mary O'Hanlon	<b>Registered Manager:</b> Mary O'Hanlon
<b>Person in charge at the time of inspection:</b> Janine Porter, assistant manager, until 14.30 Fiona O'Hanlon, care supervisor, after 14.30	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An unannounced care inspection took place on 22 March 2018 from 10.45 to 15.45.

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, training, supervision and appraisal, care records and communication between residents, staff and other key stakeholders, taking account of the views of residents and to governance arrangements.

Three areas requiring improvement were identified. These related to residents' meetings, competency and capability assessments and policies and procedures.

Residents said that they liked living in the home, the food was very good and staff looked after them very 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
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Janine Porter, assistant manager and Fiona O'Hanlon, supervisor, 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 19 September 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, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with eight residents, two care staff, a care supervisor and the assistant manager. No visiting professionals and no residents' representatives were present.

A total of eight questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Seven questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Care files of four residents
- The home's Statement of Purpose and Residents Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, 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, 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 19 September 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 19 September 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.4 (4) (d) (i)  <b>Stated:</b> Second time	The registered provider shall ensure that - <ul style="list-style-type: none"> <li>• arrangements are made for suitable hold open devices linked to the fire alarm system to be fitted to internal doors, where necessary</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and inspection of the premises confirmed that hold open devices linked to the fire alarm system were fitted to internal doors, where necessary.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27.4 (4) (d) (i)  <b>Stated:</b> First time	The registered person shall ensure the following - <ul style="list-style-type: none"> <li>• a risk assessment is undertaken for the temporary use of a wedge at the lounge door</li> <li>• risk management arrangements are put in place for the use of the wedge at the lounge door</li> </ul>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager established that the hold open devices linked to the fire alarm system were fitted to internal doors shortly after the last care inspection; as the risks no longer existed, this action was no longer required.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of minutes of residents' meetings established that the times of commencement and end of meetings were recorded. The names of those residents and staff in attendance were not recorded.  This element is therefore stated for the second time.	

### 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 assistant 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 assistant manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

The assistant manager and staff confirmed that competency and capability assessments were undertaken for any person who is 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. Completed staff competency and capability assessments were reviewed and were largely found to be satisfactory. It was noted that one assessment was not signed and dated by the registered manager. Action was required to ensure compliance with the standards.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the assistant manager and review of two 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. The assistant manager advised that AccessNI enhanced 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) and the registered manager undertook quarterly spot checks.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included 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) along with the new procedures 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 assistant manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The assistant manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the assistant 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 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 assistant manager confirmed 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 assistant manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.



The assistant manager advised there were risk management policy and procedures in place in relation to safe and healthy working practices and that that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc. The assistant manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the Infection Prevention and Control (IPC) policy and procedure 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 assistant 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. It was noted, however, that the underside and legs of a shower seat were in need of a thorough clean. This was brought to the attention of the assistant manager who undertook to ensure that this would be rectified immediately.

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. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had a fire risk assessment in place dated 17 October 2016. A more recent assessment was later submitted to RQIA.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 14 December 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had completed Personal Emergency Evacuation Plans (PEEPs) in place.

Seven completed questionnaires were returned to RQIA from residents. The respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from residents were as follows:

- "I couldn't speak highly enough of all the girls (staff)."
- "The girls are great."



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal, risk management and the home's environment.

## Areas for improvement

One area of improvement was identified during the inspection. This related to competency and capability assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection. A review of the care records of four 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, where appropriate) were reviewed and updated on a regular basis or as changes occurred. In the file of one resident it was noted that a photograph of the resident was not present. The assistant manager undertook to ensure that a photograph would be placed in the resident's file without delay.

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. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the individual preferences, choices and care needs of residents and how these were met in the home.

The assistant 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 risk assessments, care plans and care reviews were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The assistant 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 assistant 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.

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.

Seven completed questionnaires were returned to RQIA from residents. The respondents described their level of satisfaction with this aspect of the service as very satisfied.

### 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The assistant 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, including preferences for end of life care, 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.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The assistant 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. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The assistant manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents stated that their views and opinions were taken into account in all matters affecting them, for example, there were residents' meetings and daily consultation about activities. Residents also advised that their needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were 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. An action plan was developed and implemented to address any issues identified.

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.

Residents spoken with during the inspection made the following comments:

- "We are all doing well. This is a good place and visitors are always made to feel welcomed." "The staff arrange things for us to do every day. I like doing some of them, but really we just like to sit and watch television!"
- "We are taking no hurt here – all is grand."

Seven completed questionnaires were returned to RQIA from residents. The respondents described their level of satisfaction with this aspect of the service as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 assistant 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.

It was noted that the existing smoking policy related only to staff who smoke. As some residents smoked, the necessity of developing a policy and procedure was discussed with the assistant manager. Advice was provided about the areas that should be included, notably general arrangements, assessment of individual risk, care planning and obtaining consents for the management of smoking materials. Action was required to ensure compliance with the standards.

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. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the 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.

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. The assistant manager advised that 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.

Discussion with the assistant manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia.

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. The assistant manager advised that the registered provider, who was also the registered manager, was present on the premises on an almost daily basis.

The assistant manager advised 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.

Review of records and discussion with the assistant manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The assistant manager confirmed that there were effective working relationships with internal and external stakeholders.

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

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

Seven completed questionnaires were returned to RQIA form residents. The respondents described their level of satisfaction with this aspect of the service as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

### Areas for improvement

One area for improvement was identified during the inspection. This related to the development of a policy and procedure for residents who smoke.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Janine Porter, assistant manager and Fiona O'Hanlon, supervisor, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 May 2018	The registered person shall ensure that minutes of residents' meetings record the names of those residents and staff in attendance.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> The minutes of the residents meetings now record the names of those residents and staff in attendance as requested.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2018	The registered person shall ensure that all assessments of staff competency and capability are signed and dated by the registered manager.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> All assessments of staff competency and capability are signed and dated by the manager as requested.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2018	The registered person shall ensure that a policy and procedure is developed in relation to residents who smoke.  Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> A policy has been developed in relation to residents smoking as requested.

*\*Please ensure this document is completed in full and returned via Web Portal\**





The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews