

Inspection Report

5 October 2021



Peacehaven

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Peacehaven Care Services Ltd Responsible Individual: Ms Mary Helen O'Hanlon	Registered Manager: Ms Mary Helen O'Hanlon Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Janine Porter – Assistant Manager	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential care home on the day of this inspection: 7
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to eight residents. Residents' bedrooms are situated over two floors and residents have access to communal seating and dining areas and access to garden spaces.	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2021 from 9.15 am to 4.45 pm 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.

Residents were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from residents and staff are included in the main body of this report.

Areas for improvement were identified in relation to compliance with best practice on infection prevention and control, management of topical preparations, the use of thickening agents, orientation for residents and compliance with Control of Substances Hazardous to Health (COSHH) legislation.

RQIA was assured that the delivery of care and service provided in Peacehaven was safe, effective and compassionate and that the home was well led.

Staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

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 residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

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.

The findings of the inspection were discussed with Janine Porter, Assistant Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with all seven residents and three staff. Residents spoke positively on the care that they received and with their interactions with staff describing staff as lovely and friendly. Staff were confident that they worked well together and enjoyed working in the home and interacting with the residents.

We received no feedback from the staff online survey or responses from resident/relative questionnaires.

5.0 The inspection

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

The last inspection of Peacehaven was undertaken on 6 October 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council.

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 such as infection prevention and control (IPC), resident moving and handling and on dementia management. A system was in place to ensure that staff completed their training. Training was completed electronically and face to face. Staff confirmed that the training they received was sufficient in helping them to meet their role in the home.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Staff confirmed that residents' needs were met with the number of staff on duty. Staff said there was good teamwork in the home.

Residents spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering; discussing residents' care in a confidential manner and by offering personal assistance to residents discreetly. This was good practice. Staff were observed to be prompt in recognising residents' needs and any early signs of distress. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Residents' 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 residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were reviewed monthly by a supervisor or the assistant manager. The manager of the home reviewed records on a quarterly basis. Reviews included the physical, social and emotional care of residents. Residents' care records were held confidentially.

Deprivation of liberty care plans were in place to account for the locked doors to the home. Each resident had their own preferred daily routines recorded within the care records. This included their morning routine and preferred settling times. Daily progress records were completed to evidence how the resident was feeling during the day and how they chose to spend their day. Daily records also recorded any change to the residents' planned care needs.

The number of accidents and/or incidents in the home was low with only five recorded throughout 2021. Accident records had been completed and reflected that these had been managed appropriately with medical advice sought and the correct persons, including next of kin, RQIA and the commissioning Trust, informed.

Some of the topical preparations in use in the home had not been dated when they had been opened. This is important when it comes to disposing of them in accordance with manufacturers guidelines. This was discussed with the manager and identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. All residents in the home could consume meals independently. Staff were aware of residents' nutritional requirements in accordance with speech and language therapy recommendations. These recommendations were also reflected within the residents' care records. All food served had also been prepared in the home. Staff were aware of residents' food preferences and a varied menu was served. Plans were in place for the home to grow their own vegetables. Records were maintained of what residents had to eat or drink throughout the day, although, records had not been appropriately maintained when thickening agents had been administered to modify fluids to aid swallowing. This was discussed with the manager and identified as an area for improvement.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as the lounge, dining room and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Plans were in place to replace the flooring in the front foyer, day and dining rooms. However, navigating around the home was difficult as signage was not evident to signify the use of rooms. There were no indicators on bedroom doors to assist residents in identifying their bedrooms. Indicators such as a symbol, picture or photograph can help in orientating a person with dementia to their room. This was discussed with the manager and identified as an area for improvement.

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 residents and staff. Environmental infection prevention and control audits had been conducted monthly. However, some environmental aspects were identified during the inspection which were not in keeping with best practice on IPC. This was discussed with the manager and identified as an area for improvement.

Multiple chemicals were identified accessible to residents in two areas within the home. In addition, thickening agents were also identified accessible to residents when staff were not present. Both could be harmful to residents if ingested. This was discussed with the manager and identified as an area for improvement.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how and where they spent their day. Residents and staff confirmed that residents could remain in their bedroom or go to a communal room when they requested.

Daily activities were planned for before and after lunch. Activities included chair exercises, reading, music, puzzles, quiz, bingo, games and colouring. The activity provision included group activities and one to one activity for those who did not wish to engage in the group activities. The residents enjoyed watching sheep outside the home in the garden area and plans were in place to purchase hens for the residents. Some of the residents enjoyed involving themselves in household tasks such as cleaning, gardening and assisting with the laundry. Sky Television had been arranged for residents to watch various concerts and movies both old and new.

Residents' meetings were conducted monthly and minutes of the meetings recorded. There was evidence from the minutes of the September 2021 meeting of discussions had around visiting, hairdressing, outings and the development of a vegetable patch in the home.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Mary O'Hanlon has been the registered manager in this home since April 2005.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

It was noted that residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. There were no recent or ongoing complaints relating to the home. We discussed that any areas of dissatisfaction identified should be recorded as a complaint. We also discussed the benefit of maintaining a compliments file to record all compliments received such as cards, emails or verbal compliments.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about residents' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

Staff commented positively about the manager and the management team and staff felt that managers would listen to them if they had any concerns. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

6.0 Conclusion

Residents spoke positively on living in the home and were presented well in their appearance. Staffing arrangements were in place to deliver the care required to residents. Staff had been recruited safely and trained well. The environment was warm, clean and comfortable for residents to live in. Residents could avail of any of the varied activities on offer in the home. Residents were offered choice throughout their day. The quality of the care and service provision in the home was monitored by the manager and the management team through internal audit to ensure effectiveness in the care delivery.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the manager and management team.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Janine Porter, Assistant 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2021</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: A more robust system has been put in place to ensure compliance with best practice on infection prevention and control issues identified during the inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are not accessible to residents in any area of the home in keeping with COSHH legislation.</p> <p>Thickening agents must be stored appropriately when not in use.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: All chemicals are now stored appropriately when not in use. Any thickening agent used shall be stored appropriately.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 30.7</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2021</p>	<p>The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All topical preparations in the home are now dated on opening and disposed of in accordance with the manufactures guidelines.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 31.2</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2021</p>	<p>The registered person shall ensure that whenever care staff administer thickeners they routinely record this activity.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff shall ensure that they record when thickeners are administered. There are currently no residents using thickeners.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2021</p>	<p>The registered person shall consider the use of signage in the home to promote way finding.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: We are currently working on appropriate signage for ease of navigation in the home.</p>

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