

Unannounced Care Inspection Report 6 September 2016



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

1.0 Summary

An unannounced inspection of Peacehaven took place on 6 September 2016 from 10.15 to 15.00.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

Three areas for improvement were identified. One recommendation was made relating to annual staff appraisal. One recommendation was made relating to the review of policies and procedures in respect of staff recruitment and selection, adult safeguarding and infection prevention and control. One recommendation was made relating to review of the home's Statement of Purpose and Residents Guide to adequately describe any restrictions employed within the home.

Is care effective?

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

One area for improvement was identified. A recommendation was made that the care plan and risk assessments of an identified resident are reviewed to accurately reflect the abilities of the resident throughout the day and night and to indicate the assistance required to meet the needs of the resident.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Mary O'Hanlon, registered manager and registered person, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Peacehaven Care Services Ltd/ Mary Helen O'Hanlon	Registered manager: Mary Helen O'Hanlon
Person in charge of the home at the time of inspection: Mary Helen O'Hanlon	Date manager registered: 1 April 2005
Categories of care: DE – Dementia	Number of registered places: 8

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

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

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
- Recruitment files of two staff members
- Care files of two residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 16 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.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 May 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these 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, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x senior care assistant
- 1 x care assistant
- 1 x cook

One senior care assistant and one care assistant were due to be on duty later in the day. One care assistant was scheduled to be on overnight duty.

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.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection. It was noted that annual appraisal for one staff member has not been completed since 2014. A recommendation was made in this regard.

The registered 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. A sample of staff competency and capability assessments was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure identified that it did not reflect current legislation and best practice as the full process of recruitment and selection was not described. A recommendation was made that this policy and procedure should be reviewed. Discussion with the registered manager and review of staff personnel files confirmed, however, that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager confirmed that enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment.

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

Discussion with the registered manager confirmed that she was aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy would be made available for staff within the home. The adult safeguarding policies and procedures in place were not consistent with the current regional guidance. A recommendation was made, as part of a wider recommendation relating to policies and procedures, that this should be reviewed. The existing policy and procedures included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

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, review of accident and incident 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 registered manager confirmed 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. Care needs assessment and risk assessments (e.g. manual handling) were reviewed and updated on a regular basis or as changes occurred.

A review of the 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 registered 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 registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were not adequately described. A recommendation was made that the home's Statement of Purpose and Residents' Guide should be reviewed.

The registered manager confirmed there were risk management policy and procedures in place. 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. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and examination of maintenance records confirmed this.

Review of the infection prevention and control (IPC) policy and procedure identified that this was not in line with regional guidelines. A recommendation was made, as part of a wider recommendation relating to policies and procedures, that this should be reviewed. 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

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. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments.

Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

It was identified during the premises inspection on 5 May 2016 that the home's fire safety risk assessment required to be updated; this will be followed up by the estates inspector. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. 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 a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There were three areas identified for improvement. A recommendation was made relating to annual staff appraisal. A recommendation was made relating to the review of policies and procedures relating to staff recruitment and selection, adult safeguarding infection prevention and control. A recommendation was made relating to review of the home's Statement of Purpose and Residents Guide to adequately describe any restrictions employed within the home.

Number of requirements:	0	Number of recommendations:	3
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4.4 Is care effective?

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. 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 resident.

It was identified, however, that a resident was described in the care plan as requiring assistance of one person during transfers to and from a chair and whilst mobilising. The inspector observed how this resident was assisted in these tasks by two staff members. The registered manager advised that the resident's abilities fluctuated throughout the day. A recommendation was made that the care plan and risk assessments are reviewed to accurately reflect the abilities of the resident throughout the day and night and to indicate the assistance required to meet the needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff members were able to describe in detail the preferences, choices and routines of residents.

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; actions identified for improvement were incorporated into practice. Audits relating to a variety of aspects of care will be examined at the next care inspection.

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, monthly residents' meetings, monthly staff meetings and staff shift handovers. Minutes of resident meetings and staff meetings were available for inspection.

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 and their representatives.

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 who had issues with mental capacity or who required specialist supports (sign language, Alzheimer's Society etc).

Areas for improvement

One area for improvement was identified. A recommendation was made that the care plan and risk assessments of an identified resident are reviewed to accurately reflect the abilities of the resident throughout the day and night and to indicate the assistance required to meet the needs of the resident.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

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

There was a range of policies and procedures 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 confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff and observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected.

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.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The systems in place to ensure that the views and opinions of residents, and or their representatives, are sought and taken into account in all matters affecting them will be examined in more detail at the next care inspection.

Residents spoken with during the inspection made the following comments:

- "They are more than good to me and to all the people here. The food is great and if there is anything that I don't fancy, the staff will make me something different. Even if I get up in the middle of the night, I can get tea and toast if I want. I get plenty of visitors and get to go out a lot. I am very glad that I got a place here in Peacehaven. I am able to sleep well at night knowing that I am safe."
- "I'm very happy to be here. The staff are wonderful and they have helped me to settle in well and feel at home. It is a lovely place."
- "I'm getting on well."
- "I like it here well enough."
- "They (staff) are good to me."

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

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 registered manager further confirmed that the health and social care 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 DHSSPS 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 area of complaints management will be examined more closely at the next care inspection.

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 one accident had occurred to date within 2016. Should accidents or incidents occur more frequently, the registered manager advised that a regular audit of accidents and incidents would be undertaken. Learning from accidents and incidents would be disseminated to all relevant parties and action plans developed to improve practice.

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 is also the registered manager, identified that she had understanding of her role and responsibilities under the legislation.

The registered manager confirmed that the home was operated 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 notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) identified that the registered provider generally responded to regulatory matters in a timely manner, although some QIPs were returned late.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Mary O'Hanlon, registered manager and registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 24.5 Stated: First time To be completed by: 9 December 2016	The registered provider should ensure that all staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.
	Response by registered provider detailing the actions taken: All staff have had an annual appraisal carried out and have also a personal development plan in place.
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 9 December 2016	The registered provider should ensure the following: <ul style="list-style-type: none"> the recruitment and selection policy and procedure is reviewed to reflect current legislation and best practice the adult safeguarding policies and procedures are reviewed to reflect current regional guidance and implemented within the home the infection prevention and control (IPC) policy and procedure is reviewed to reflect the most up to date regional guidance
	Response by registered provider detailing the actions taken: All policies have been reviewed and updated.
Recommendation 3 Ref: Standards 20.6 and 20.9 Stated: First time To be completed by: 9 December 2016	The registered provider should ensure that the home's Statement of Purpose and Residents Guide are reviewed to adequately describe any restrictions employed within the home.
	Response by registered provider detailing the actions taken: The homes statement of purpose and residents guide have been reviewed and updated.
Recommendation 4 Ref: Standard 6.2 Stated: First time To be completed by: 18 October 2016	The registered provider should ensure that the care plan and risk assessments of the identified resident are updated to accurately reflect the abilities of the resident throughout the day and night and to indicate the assistance required to meet the needs of the resident.
	Response by registered provider detailing the actions taken: The care plan and risk assessment has been updated as requested.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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