



Announced Care Inspection Report 6 and 7 October 2020



Peacehaven

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

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to eight residents.

3.0 Service details

Organisation/Registered Provider: Peacehaven Care Services Ltd Responsible Individual: Mary Helen O'Hanlon	Registered Manager and date registered: Mary Helen O'Hanlon - 1 April 2005
Person in charge at the time of inspection: Janine Porter – Assistant Manager	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 7

4.0 Inspection summary

An announced inspection took place on 6 October 2020 from 10.00 to 12.20 hours and on 7 October 2020 from 15.00 to 15.25 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for residents
- quality improvement
- nutrition
- safeguarding
- consultation.

Residents were well presented in their appearance and looked to be comfortable, relaxed and settled in their environment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janine Porter, assistant manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- a selection of quality assurance audits
- organisational structure
- complaints review
- compliments records
- incident and accident review
- minutes of residents'/relatives'/staff meetings
- activity planner
- three residents' nutritional care records
- menus.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten residents' questionnaires; ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Janine Porter, manager.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 27 June 2019.

Areas for improvement from the last care inspection		
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: Second time	The registered person shall ensure the following: <ul style="list-style-type: none"> the protective cover for pipes is replaced wipeable sheaths for light cords are provided a dividing curtain is provided in one identified shared bedroom safety clips are provided to secure the looped pull cords on blinds 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and pictorial evidence submitted following the inspection confirmed this area for improvement has now been met.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered provider should repair or replace the hold open device currently fitted to the first floor corridor compartment door.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and pictorial evidence submitted following the inspection confirmed this area for improvement has now been met.	

6.2 Inspection findings

Staffing

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by residents' dependency levels and that the staffing levels would be increased in response to a rise in the dependency levels where appropriate. Staff consulted stated that they felt the staffing arrangements met the required needs of residents.

Staff confirmed that when a new member of staff commenced employment in the home, they were assigned with a mentor; an experienced staff member who could provide advice and guidance on their role within the home. A documented induction programme was completed for all new staff commencing employment. Staff confirmed that the induction period could be extended should the new staff member require additional time to become familiar with the home's policies and procedures.

The manager confirmed that an online training matrix was maintained to ensure that all staff in the home completed relevant identified mandatory training. The matrix was monitored on a monthly basis to ensure completion. The matrix was colour coded informing of which staff had 30 days left to complete training and which staff had 14 days to complete training. A system was in place to ensure that all staff were compliant with training requirements.

The registered person completed staffs' competencies on areas such as medicines management and taking charge of the home in the absence of the manager. The manager confirmed that these assessments were reviewed six monthly and the corresponding records reviewed annually.

Discussion with the manager and staff evidenced that annual appraisals and staff supervisions were being completed in the home. Staff supervisions were conducted on a three monthly basis. A matrix was maintained to ensure that all staff received an appraisal and supervisions.

Management arrangements

The management arrangements have not changed since the last inspection. There was a clear organisational structure in the home. A rota was available to staff informing of who to contact with any query outside of normal working hours. There was a dedicated out of hours mobile number to contact for any query. Emergency contact numbers were also available for staff to refer to regarding services such as district nursing, acute care at home team, general practitioners and/or physiotherapy services. There were contact details for Northern Ireland Electricity and the Water board to assist in managing environmental concerns such as a power cut or flooding.

Governance systems

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of accidents and incidents over a two month period from June to July 2020. The monthly audit records had been completed and indicated that there were no accidents or incidents over this period of time.

The manager confirmed that the number of accidents in the home was low. A monthly complaints audit also indicated no complaints had been received for the same period.

Residents' weights were monitored on a monthly basis to review any weight loss or weight gain. The manager confirmed that this was to prevent unhealthy weight gain and to identify measures to take, where appropriate, when weight loss was recognised. Residents' care plans would be updated as necessary following this audit and staff informed of any changes to these records.

Residents' care records were audited regularly. Audit records included comments and actions taken in response to deficits. We discussed the importance of recording any additional verbal feedback given to any staff which related to the audits.

The manager confirmed that medicines administration audits were conducted on a monthly basis and staffs' registrations with the Northern Ireland Social Care Council were monitored on a weekly basis to ensure that staffs' registrations were maintained.

An annual survey was conducted to enable all residents and their families/representatives to give their opinions on the service provision and care delivery in the home. The manager confirmed that this survey would be sent out during October 2020 and that a report would be issued in December 2020 incorporating the survey results.

The manager confirmed that management in the home kept up to date with COVID-19 guidance through a review of the guidance documentation sent from authorities such as Department of Health (DOH), Public Health Agency (PHA) and RQIA. Any change of guidance would be discussed with staff on duty to be communicated to staff during the next shift handovers. A COVID-19 guidance file was maintained in the home and staff were aware that they could make reference to the file to confirm up to date guidance. All updates were discussed at staff meetings and all staff communicated regularly through a group teleconference App.

The manager confirmed that the home maintained communication links with residents' relatives through regular telephone calls to keep them up to date with any changes that occur in the home due to COVID-19.

Infection prevention and control

The manager confirmed that throughout the pandemic the home had remained free from COVID-19. Environmental infection control audits were completed monthly in addition to daily checks. Hand hygiene audits were completed weekly and records maintained. The manager confirmed that a record of daily spot checks was maintained on hand hygiene practices and compliance with staffs' use of personal protective equipment (PPE). Staff were observed, during a virtual walkaround the home, wearing PPE appropriately. All staff consulted during the inspection confirmed that they had received training on infection prevention and control.

Additional domestic cleaning hours had been allocated to ensure enhanced cleaning was conducted in the home. The cleaning of regular touchpoints such as door handles, light switches and pull cords had increased and the manager confirmed that all hard surfaces in the home were cleaned immediately following each use. Floors in the home were cleaned three times per day.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with residents. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. The manager confirmed that all staff and residents' temperatures were checked twice a day as a means to quickly identify developing symptoms. In addition and as part of the regional testing programme, all staff were tested for COVID-19 on a two weekly basis and all residents on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. The manager confirmed that only essential visitors came to the home. Other methods of contact such as remote video calls were promoted for any engagements. The visiting professionals' temperatures were checked and hands sanitised before entering the home.

The home had recently closed to indoor visiting due to the local rising levels of COVID-19 in the community. The manager confirmed that this would be reviewed on 19 October 2020. The homes' management had discussed this with all residents and residents' visitors and a visiting pod was in place to facilitate outdoor visits following the completion of a risk assessment. Social distancing was promoted during the outdoor visits and the visiting area was fully decontaminated following each visit. Staff would also assist residents in using technology to communicate with family members.

Quality of life for residents

During the inspection we undertook a 'virtual walk around' the home with the use of technology. Bedrooms and communal rooms observed were clean and tidy. Residents' bedrooms were personalised with their own belongings. Corridors were clear of any clutter or obstruction. A PPE station had been set up at the entrance to the home. The residents we consulted with were presented well in their appearance and were calm and relaxed in their environment. Staff were observed to provide care in a compassionate and caring manner. Residents' privacy was promoted in rooms accommodating two residents by means of a dividing curtain. Residents who were able to use a call bell had one accessible to them. The seven residents accommodated in the home were female.

The provision of activities for residents was discussed and agreed during residents' meetings. Each resident had their own individual activity schedule sheet. This would include their preferred daily routine. Activities were generally conducted morning and lunchtimes. The activities were conducted both in and outdoors weather permitting. Activities included eye spy, catch, discussions, exercises, sing a long, movies, music, massage, bingo, skittles, hair dressing, storytelling, pet therapy, quizzes and gardening. Records were maintained of all activities conducted in the home.

Residents' meetings were conducted monthly in the home and minutes of these meetings were maintained. During the meetings, residents were asked for their opinion on areas of care such as activities, food provision and visiting. The residents' meeting was also one of the methods used by the staff/manager to keep residents up to date with guidance on COVID-19 and any changes in daily routines that this may bring.

Quality improvement

We discussed recent quality improvements in the home to further enhance the residents' experience. As previously stated, a new visitors pod had been erected to facilitate safer face to face visiting and promote family contact.

All garden furniture had been renewed and a new garden table had been purchased for residents to sit at. Plants had been purchased for residents to assist with planting and caring for. The manager discussed plans in place to have raised gardening beds outside to enable the residents to easily assist with growing vegetables.

The manager confirmed that many of the residents had lived on farms previously and had been in contact with animals for most of their lives. Residents' families/representatives were encouraged to bring the residents' pets to the home, when visiting, for residents to engage with. The home manager had brought in their own dog and cat to interact with residents. Two sheep had been recently purchased by the home for residents to watch and assist with feeding. The manager confirmed that residents enjoyed interacting with all the animals.

Nutrition

We reviewed three residents' nutritional care records. Each resident had their weight monitored on a monthly basis. An oral health care plan was in place for each resident. The manager confirmed that no-one in the home required to have their food modified. All residents were on a level 7 food and level 0 fluid diets. All residents were independent in consuming their meals and did not require any physical assistance from staff or any aids with this area of care. There were no residents with any identified significant weight loss or weight gain.

We reviewed the current menus served in the home. A four week rolling menu was submitted for review. The menus offered a varied range of foods and there were meal choices available. The manager confirmed that if the resident did not prefer either choice of meal then an alternative meal would be provided for them. The gaps between meal times were appropriately spaced out and drinks and snacks were provided in between times. It was noted that staff and residents dined together at mealtimes. The manager confirmed that dining in this group setting promoted eating and drinking among residents. This was seen as a good practice.

Safeguarding

The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. The registered person was the adult safeguarding champion and was aware of their responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home. All staff had completed safeguarding training dependent on their role in the home and the manager confirmed that a competency assessment was completed following the training. Training had been provided online and face to face and had made reference to the Mental Capacity Act (NI) 2016.

Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

During the virtual walkaround we engaged with two residents and observed all residents together. Residents appeared happy in their environment and were presented well in their appearance. We observed residents seated in the lounge enjoying singing with staff members.

No residents' relatives/representatives were available for consultation during the inspection and no residents' relatives/representatives questionnaires were returned.

Staff had the option of completing an online survey or completing a questionnaire; we received no online or questionnaire responses. Comments from two staff consulted during the inspection included:

- "It is grand here; I feel if I had any concerns I would be listened too."
- "I like my job here. Everything is ok. All training is up to date. The manager talks to all staff in the home to keep us up to date."

Any comments from residents, residents' representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- "Thank you to staff at Peacehaven for the wonderful work you all do for our families."
- "Thank you all for your hard work and help in looking after ... while she was with you. Your care will always be greatly appreciated."

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The feedback from the inspection was positive. There was a stable management arrangement in the home. Staffing arrangements met residents' needs. Staff were compassionate in their interactions with residents and embraced infection control measures put in place for the safety of all in the home. Residents' weights were monitored monthly as a means to identify weight loss or weight gain. Residents appeared happy and calm in their environment.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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