Unannounced Care Inspection Report
10 January 2017

Peacehaven

Type of service: Residential care home
Address: 34-38 Newry Street, Rathfriland, BT34 5PY
Tel no: 028 4063 8855
Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Peacehaven Residential Home took place on 10 January 2017 from 10.50 to 16.05. The inspector was accompanied by Kylie Connor, inspector.

The inspection sought to assess progress with any issues raised during and 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 training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

A requirement was made in regard to fire safety. Two recommendations were made. These were in relation to fire safety and to the home's environment.

Is care effective?

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

Four recommendations were made. These were in relation to care records, to care plans, to policies and procedures and to monthly review and evaluation of care records.

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 management of complaints and incidents, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Janine Porter, person in charge, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 September 2016.

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: Janine Porter, staff supervisor	**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 and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with six residents, two care staff, the staff supervisor and one visiting professional.

The following records were examined during the inspection:

- Staff duty rota
- Staff annual appraisal records
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment records
- Care records of four residents

- The home's Statement of Purpose and Residents' Guide
- Equipment maintenance records
- Fire safety risk assessment
- Records of checks of fire-fighting equipment, alarm system and emergency lighting
- Policies and procedures manual

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 September 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 6 September 2016

Last care inspection recommendations		Validation of compliance
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. **Action taken as confirmed during the inspection**: Discussion with the person in charge and inspection of staff records confirmed that staff had a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	**Met**
Recommendation 2 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 9 December 2016	The registered provider should ensure the following: • 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	**Met**

	• the infection prevention and control (IPC) policy and procedure is reviewed to reflect the most up to date regional guidance	
	Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of policy documents confirmed that these policy documents were reviewed.	
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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the home's Statement of Purpose and Residents Guide confirmed that these adequately described any restrictions employed within the home.	
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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the care plan and risk assessments of the identified resident confirmed that these were updated accordingly.	

4.3 Is care safe?

The person in charge 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 and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the person in charge 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 mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The person in charge 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the person in charge and review of the staff personnel file of the most recently recruited staff member confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The person in charge confirmed that enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. There were arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable 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 person in charge confirmed that no adult safeguarding issues had arisen since the last care inspection but that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge 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 person in charge 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 person in charge during the last care inspection 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 home's Statement of Purpose and Residents Guide identified that these restrictions were now adequately described.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this 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. Observation of staff practice identified that staff adhered to IPC procedures.

The person in charge 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.

Inspection of the premises confirmed that there were wash hand basins and adequate supplies of liquid soap wherever care was delivered. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. It was noted, however, that alcohol hand gels dispensers did not always contain gel and that disposable towels were not always available in communal bathrooms. A recommendation was made as part of a wider recommendation relating to the home's environment.

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. The following areas, however, were identified as needing attention -

- aerosol air fresheners were present in upstairs hallways
- in the upstairs communal bathroom, the fabric pull cord was not fitted with a wipeable plastic cover and the bin was not enclosed in line with infection prevention and control guidance
- the lighting in one identified bedroom, provided by an uplighter suspended from the ceiling, may not have given adequate lighting in the room
- the store room on the first floor was unlocked
- in one identified bedroom, a cupboard door, the doors of both bedside lockers and a hinge on the wardrobe was missing or damaged

- in one identified bedroom, the overhead light was not working
- in one identified bedroom, the over bed light was not working

It was also noted that the door between the entrance hall and the communal lounge was held open by a wedge; door wedges were also noted to be present in several residents' bedrooms. A requirement was made that the practice of using wedges to keep doors open must cease with immediate effect, also that a review of all internal doors in the home is undertaken with suitable hold open devices linked to the fire alarm system fitted to all internal doors, where necessary.

The home had an up to date fire risk assessment in place dated 17 October 2016 and all recommendations were noted to be appropriately addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting were checked weekly and were regularly maintained. It was noted, however, that the weekly checks of the fire alarm system did not note the zone tested. A recommendation was made that each fire alarm call point should be individually numbered and checks of call points within each zone recorded. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

A requirement was made in regard to fire safety. A recommendation was made in regard to fire safety and a recommendation was made in regard to the home's environment.

Number of requirements	1	**Number of recommendations**	2

4.4 Is care effective?

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

A review of the care records of four residents they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular 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. It was noted, however, care records did not contain contact details for a specialist community nurse. A recommendation was made in this regard.

It was noted that the management of an identified resident who had diet controlled diabetes was not recorded in care plans; allergies to specific medications were noted in care plans but were not noted in risk assessments; where a specialist community nurse had regular involvement in the health care needs of an identified resident, this was not reflected in care plans. A recommendation was made in regard to care plans.

Where residents used hot water bottles, or it was their preference to have blankets placed over their knees when sitting, any associated risks were not assessed or documented. The home did not have a policy in relation to the use of hot water bottles. A recommendation was made in this regard.

Inspection of the care records identified that a monthly review and evaluation of the care records had been completed until July 2016, ensuring that care plans and risk assessments were kept up to date. The person in charge advised that this task had been undertaken by a senior staff member who was on long term sickness absence but that there were plans to attend to this. A recommendation was made that this process should be reinstated.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff were able to describe in detail the individual care needs and preferences 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 person in charge 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, resident's consultation, staff meetings and staff shift handovers. The person in charge 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 confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

A visiting professional spoken with during the inspection made the following comment:

- "The residents appear to be happy and well looked after and are kept clean and tidy. The staff keep good communication with our service, they are familiar with the care needs of each resident and they make sure that the care is given as needed. The staff team is mature and caring. Staff interact well with the residents. I have no concerns about the care given to the residents in Peacehaven."

Areas for improvement

A recommendation was made in relation to retaining contact details for all professionals who contribute towards the care of residents. A recommendation was made in relation to care plans. A recommendation was made in relation to the development of a policy on the use of hot water bottles. A recommendation was made in relation to monthly review and evaluation of the care records.

Number of requirements	0	**Number of recommendations**	4

4.5 Is care compassionate?

The person in charge 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 confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 person in charge confirmed 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. Discussion with staff, residents and a visiting professional and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with staff, residents and a visiting professional, 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:

- "The girls (staff) are lovely and the food is great."
- "I'm happy enough here. I like it."
- "The staff here are more than good to me and to all the people here. I love the food which is lovely and, in fact, you nearly get too much to eat! I don't have to worry about being safe at night for there's always someone here and the girls are good at checking me throughout the night. I get out plenty and I get lots of visitors."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

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

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

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

Review of the complaints records during the last care inspection 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.

The person in charge confirmed that no complaints had been received since the last care inspection; arrangements were in place to share information about complaints and compliments with staff. Should complaints be received more frequently, an audit of complaints would be used to identify trends and to enhance service provision.

Accidents and incidents were examined during the last care inspection and were not examined on this occasion as none had occurred.

Discussion with the person in charge confirmed that were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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 person in charge advised that the registered provider was also the registered manager, was on the premises on most days and 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 governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

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

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

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Janine Porter, person in charge, 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 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 to be 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 the service.

Quality Improvement Plan

Statutory requirements

Requirement 1 **Ref**: Regulation 24. (4) (d) (i) **Stated:** First time **To be completed by:** 10 March 2017	The registered provider must ensure the following – • the practice of wedging doors open is ceased with immediate effect • • a review of all internal doors in the home is undertaken with arrangements made for suitable hold open devices linked to the fire alarm system to be fitted to internal doors, where necessary.
	Response by registered provider detailing the actions taken: The Manager has spoken to all staff in relation to wedging doors open. The homes policy is that all fire doors are keep shut. We are currently assessing the the cost of fitting hold open devices.
Recommendations	
Recommendation 1 **Ref**: Standard 27.1 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure the following: • alcohol hand gel dispensers are filled and disposable towels are made available in communal bathrooms • aerosol air fresheners are removed from communal areas and stored securely • in the upstairs communal bathroom, the fabric pull cord is fitted with a wipeable plastic cover and the bin is enclosed in line with infection prevention and control guidance • the lighting in one identified bedroom, currently provided by an uplighter suspended from the ceiling, is reviewed to ensure adequate lighting in the room • the store room on the first floor is kept locked when not in use • in one identified bedroom, a cupboard door, the doors of both bedside lockers and a hinge on the wardrobe are repaired or replaced • in one identified bedroom, the overhead light is repaired • in one identified bedroom, the over bed light is repaired
	Response by registered provider detailing the actions taken: All of the above recommendations have been carried out.
Recommendation 2 **Ref**: Standard 29.1 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that each fire alarm call point is individually numbered and checks of call points within each zone recorded.
	Response by registered provider detailing the actions taken: Each fire alarm call point has now been numbered and checks of all call points are carried out as recommended.

Recommendation 3 **Ref**: Standard 9.1 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that care records contain contact details for all professionals who contribute towards the care of residents.
	Response by registered provider detailing the actions taken: All care records have been amended to inculde contact details of all professionals as requested.
Recommendation 4 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure the following is noted within care plans and risk assessments: • the management of residents who have diet controlled diabetes • any residents' allergies to specific medications • the regular involvement of any specialist community nurse in the health care needs of residents • residents' preference for and associated risks regarding the use of hot water bottles or blankets placed over their knees when sitting
	Response by registered provider detailing the actions taken: All of the above details requested have been inculded in the residents care plan.
Recommendation 5 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that a policy in relation to the use of hot water bottles is developed.
	Response by registered provider detailing the actions taken: The home does not permit the use of hot water bottles, this practice has ceased.
Recommendation 6 **Ref**: Standard 6.6 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that a monthly review and evaluation of the care records of residents is undertaken.
	Response by registered provider detailing the actions taken: The practice of carrying out a monthly review and evaluation of the care records has been undertaken as requested.

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

The Regulation and Quality Improvement Authority

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