



# **Unannounced Care Inspection Report**

## **16 May 2019**



## **Peacehaven**

**Type of Service: Residential Care Home**

**Address: 34-38 Newry Street, Rathfriland BT34 5PY**

**Tel no: 028 4063 8855**

**Inspectors: Alice McTavish, Catherine Glover and Gavin Doherty**

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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 registered residential care home which provides care for up to eight residents who have dementia.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 09.50 to 14.40 hours.

This inspection was undertaken by care, pharmacist and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous estates and pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff recruitment, induction and training, care records, listening to and valuing residents and their relatives and to governance arrangements.

Areas requiring improvement were identified in relation to the home's environment and the management of warfarin.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	*3

\*The total number of areas for improvement includes one which has been stated for a second time and one which has been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Mary O'Hanlon, Registered Manager and Janine Porter, Assistant Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 29 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 29 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, their relatives or staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 4 May to 17 May 2019
- staff training schedule
- one staff recruitment and induction record
- two residents' records of care
- complaint records

- compliment records
- a sample of governance audits/records
- accident/incident records from November 2018 to May 2019
- RQIA registration certificate
- personal medication records
- medicine administration records
- fire risk assessment
- control of legionella bacteria risk assessment
- mechanical and electrical service certificates

Areas for improvement identified at the last care, medicines management and premises inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of outstanding areas for improvement from previous care, premises and medicines management inspections**

An area for improvement was identified at the previous care inspection. This was reviewed and assessed as being partially met. This area for improvement has been included in the QIP at the back of this report.

Areas for improvement identified at the previous premises inspection have been reviewed and assessed as met.

Areas for improvement identified at the previous medicines management inspection have been reviewed. Of the total number of areas for improvement, two were met and one was partially met. This area for improvement has been included in the QIP at the back of this report.

## **6.2 Inspection findings**

### **6.3 Is care safe?**

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff and administrative staff on duty during the day and care staff in the evenings and overnight.

## **Staffing and recruitment**

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

## **Staff induction, supervision, appraisal and competency**

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). A staff member said, "We get a great induction when we start. The manager makes sure that we have all of our training before we start to work with the residents."

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home when the registered manager was not on duty.

## **Staff training**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

## **Safeguarding residents from harm**

The assistant manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that felt confident about reporting such poor practice.

The registered manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

## **Environment**

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms were personalised and there were no malodours.

There was a communal lounge and a dining room for the use of residents on the ground floor and these spaces were also used for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

We found that some elements of an area for improvement made at the last care inspection had not been addressed; these are therefore stated for a second time.

## **Restrictions**

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care.

When we spoke with staff they had a good knowledge of people's abilities and level of decision making. The assistant manager told us that residents living in Peacehaven enjoyed as much freedom as possible whilst remaining safe. Where residents may come to unintentional harm through smoking, there was a system in place for staff to keep cigarettes and lighters in a safe place and for residents to be accompanied whilst smoking.

## **Infection prevention and control (IPC)**

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

The assistant manager described how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

## **Management of medicines**

The medicines management QIP from the previous inspection was reviewed. Two of the three areas for improvement were assessed as met.

The review of management of warfarin was assessed as partially met. As this issue had been stated twice previously, it was discussed with senior management within RQIA. It was decided that a short period of time would be given for the management in the home to address this area for improvement. A further inspection will be completed to ensure compliance. Should this area for improvement not be addressed then further enforcement action may be considered. This area for improvement has been stated for a third and final time.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and staff supervision and appraisal.



## Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

### Management of risks relating to residents

Staff described a robust assessment and admissions process before residents could be admitted to Peacehaven. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. As all of the residents in the home have dementia, this includes the use of a locked front door.

The assistant manager told us about falls management in the home and we were assured that the procedure and practice was good. The registered manager and staff were aware of how they could get professional advice from medical or trust staff.

Staff told us about how any resident who might be at risk of choking would be referred to a speech and language therapist for specialist advice. The advice would be shared with care and kitchen staff regarding the preparation of food and fluids at the correct consistency. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

### Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents. We saw that there were care plans and risk assessments completed and these were reviewed on a monthly basis. Staff kept daily records of the care provided to residents. We also saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

### Areas of good practice

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



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Culture and ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed and how they like to be helped with care. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who may need additional reassurance or support.

## Activities

Staff told us about the activities available and how residents could have access to meaningful pastimes, hobbies, crafts or outings. A member of staff said, "The residents here are looked after very well. We get to spend lots of time with the residents and we make sure they are well occupied, when they want to be. We take them out for walks, play bingo, do chair exercises or do jigsaws. The residents love to talk about how life was in the past – and they really enjoy a bit of a laugh."

## Resident involvement

We looked at the minutes of the monthly residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. In addition, staff reported that the registered manager or the assistant manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and professionals. We looked at the responses from the last survey completed in February 2019 and saw that parties were very satisfied with the care, services and facilities in the home.

We spoke with three visitors to the home and their comments are as follows:

- “This is a good place. The staff look after (my relative) very well. I visit every week and I see how they treat them (residents). I am happy with the care (my relative) is getting.”
- “The staff here are brilliant....they take great care of everyone. I visit at least once a week and often drop in some evenings and I always find that staff are available. They are attentive to the residents. My (relative) is very happy here.”
- “I’m delighted with the care here. The staff have made (my relative) so comfortable and helped her to settle in. They are fantastic!”

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Staff in the home said that they got good support from their managers who were supportive and approachable. The assistant manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

### Managerial oversight

The assistant manager described how she and the registered manager spend time completing managerial tasks to make sure they are satisfied that the home runs well. They complete audits of areas such as recruitment practices, staff registrations with their professional body and of care records and they look for any ways in which these areas can be improved.

The registered manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The managers make sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all services and equipment are properly maintained.

### Complaints and compliments

The registered manager deals with any complaints raised by residents or their family members. We saw that there were no complaints made since the last inspection; we saw that there were systems in place to manage complaints appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. We looked at a recent compliment which said, "Thank you for the care you gave to my (relative) in the last months of her life. She was treated with love, dignity and respect and I was able to relax in that knowledge. Visits to Peacehaven were a pleasure and all your hard work is much appreciated."

### **Accidents and incidents**

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

### **Additional training**

The registered manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in dementia and in hand hygiene.

### **Communication and working relationships**

The registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. A member of staff said, "I absolutely love working here – I'm only sorry I didn't come to work in care a long time ago." Another member of staff told us that they attend regular staff meetings and that management encourages and supports new ideas from the staff team.

### **Assessment of premises**

A current fire risk assessment for the premises was in place which contained no significant findings. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors.

The servicing of the fire detection and alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the required control measures flowing from this assessment were being addressed by the premises' staff. Again, the servicing of these systems and the user checks appeared to be being maintained in accordance with current best practice guidance.

Current certificates with relation to the premises' mechanical and electrical installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

We noted that the hold open device fitted to the first floor corridor compartment door was not functioning. This could impede a resident's ability to freely move throughout the home. We asked that action be taken to ensure compliance with the standards with regard to the repair or replacement of this device.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships. We noted that there is an ongoing programme for the replacement of floor finishes within the resident's bedrooms. The provision of a high quality vinyl floor finish with sealed joints and coved skirting will assist staff in cleaning and maintaining infection control standards.

## Areas for improvement

One new area was identified for improvement. This was in relation to the home's environment.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary O'Hanlon, registered manager and Janine Porter, assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2019	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• the protective cover for pipes is replaced</li> <li>• wipeable sheaths for light cords are provided</li> <li>• a dividing curtain is provided in one identified shared bedroom</li> <li>• safety clips are provided to secure the looped pull cords on blinds</li> </ul> Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b> The above has been carried out as requested.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Third and final time  <b>To be completed by:</b> 23 May 2019	The registered provider should review and revise the management of warfarin.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b> The above has been carried out as requested.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 11 July 2019	The registered provider should repair or replace the hold open device currently fitted to the first floor corridor compartment door.  Ref: 6.6
	<b>Response by registered person detailing the actions taken:</b> The device was replaced.

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



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