



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Peacehaven**

**18 March 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of inspection

An unannounced care inspection took place on 18 March 2016 from 11.00 to 13.35. This inspection was undertaken to ensure full compliance with a requirement, made for the third time, in the previous care inspection on 28 January 2016. In that inspection we were unable to examine policies and procedures relating to the standard and theme inspected, staff training records, the accident and incident register, complaints and compliments records and fire safety records. This was due to these records being held in an office adjacent to the home and the staff on duty not being able to access them.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

The issue relating to lack of access to records was escalated within RQIA. A Serious Concerns meeting was held on 10 February 2016. The registered person, Ms Mary O'Hanlon, provided sufficient assurances that robust arrangements were in place to ensure that records could be accessed by any inspector and relevant staff at the home.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Mary Helen O'Hanlon	<b>Registered Manager:</b> Mary Helen O'Hanlon
<b>Person in charge of the home at the time of inspection:</b> Samantha Connolly, shift supervisor	<b>Date manager registered:</b> 01 April 2015
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 8
<b>Number of residents accommodated on day of inspection:</b> 8	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The focus of this inspection was to review the records to which we did not have access during previous inspections. The inspection also sought to assess progress with the issues raised during and since the last care inspection and to determine if the following standard and theme had been met:

**Standard 14: The death of a resident is respectfully handled as they would wish**

**Theme: Residents receive individual continence management and support**

### 4. Methods/processes

Prior to inspection we analysed the following records; notifications of accidents and incidents.

During the inspection we met with seven residents and one resident's representative.

We examined policies and procedures relating to the standard and theme inspected, staff training records, the accident and incident register, complaints and compliments records and fire safety records.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 28 January 2016. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection dated 28 January 2016

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 19</b> <b>(3) b</b>	The registered person shall ensure that the records required by legislation are accessible at all times by relevant staff and available for inspection by RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> We could confirm that the records required by legislation were accessible on the day of inspection by relevant staff and were available for inspection by RQIA.	

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 25.6</b>	The registered person should ensure that the staff duty rota accurately reflects the capacity in which staff members work and should record accurately the hours worked by the registered manager.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff members and examination of staff duty rotas confirmed that the rota reflected the capacity in which staff members work and recorded accurately the hours worked by the registered manager.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

This area was examined during the last care inspection. No issues were identified.

#### Is care effective? (Quality of management)

We were provided with access to the home's policy and procedures manual; senior staff confirmed that the policy document on caring for a resident at the end of life and dealing with the death of a resident had been updated. The document, however, could not be located as the responsible person, Ms Mary O'Hanlon, was unavailable. It was agreed that this document would be forwarded to RQIA. The relevant information was received by RQIA on 22 March 2016 and was found to be satisfactory.

We were provided with access to the staff training records. These confirmed that staff had been trained in first aid and that further training had been arranged.

#### Is care compassionate? (Quality of care)

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner. This supported the delivery of compassionate care.

#### Areas for improvement

No areas of improvement were identified within the standard inspected. This standard was met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**Theme: Residents receive individual continence management and support****Is care safe? (Quality of life)**

This area was examined during the last care inspection. No issues were identified.

**Is care effective? (Quality of management)**

We were provided with access to the home's policy and procedures manual; we found the policy document on continence management and promotion was satisfactory.

**Is care compassionate? (Quality of care)**

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner. This supported the delivery of compassionate care.

**Areas for improvement**

No areas of improvement were identified within the theme inspected.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.4 Additional areas examined****5.4.1 Residents' views**

We met with seven residents in a group. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "Sure, it's great here – I love it!"
- "I'm happy here."

**5.4.2 Residents' visitors/representatives' views**

We met with one resident's representative who expressed positive views on the quality of the care provided to residents.

Some comments included:

- "My family is very pleased with the care given to our (relative) in Peacehaven. The staff are wonderful, so kindly and attentive. They know my (relative's) individual needs and they provide excellent care. My (relative) was in hospital a few months ago and wouldn't eat. When my (relative) came back here, the staff worked hard to get my (relative) to eat. We were all so relieved when my (relative) turned a corner and is doing so much better now. The staff get so upset when a resident is in poor health,

they take it to heart. This is like a family, and the other residents have become like family to us too.”

### 5.4.3 Staffing

At the time of inspection the following staff members were on duty:

- 2 x team supervisor/senior care assistants

One senior care assistant and one care assistant were scheduled to be on duty later in the day. One senior care assistant was scheduled to be on overnight duty. The shift supervisor advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### 5.4.4 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### 5.4.5 Complaints/compliments

Our inspection of the complaints register confirmed that complaints were recorded and managed appropriately. The home had received several written compliments. Staff advised us that they received many verbal compliments.

### 5.4.6 Fire safety

The home had a Fire Safety Risk Assessment dated 1 November 2013. Senior staff advised us that the Fire Safety Risk Assessment did not need to be completed annually provided that annual reviews were undertaken and that there were no significant changes to the building. The reviews completed annually by the responsible person, Mary O'Hanlon, were forwarded to RQIA on 22 March 2016. This information was passed to the estates inspector and the outcome will be detailed within the report of the next estates inspection.

Examination of records confirmed that routine maintenance of heating and gas systems was carried out. Examination of staff training records confirmed that staff also received fire training twice annually. Fire alarms, emergency lighting and fire-fighting equipment were checked weekly. Each resident had a current Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

No areas of improvement were identified within the additional areas inspected.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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**No requirements or recommendations resulted from this inspection.**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>		<b>Date completed</b>	
<b>Registered Person</b>		<b>Date approved</b>	
<b>RQIA Inspector assessing response</b>		<b>Date approved</b>	

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the*