



Secondary Unannounced Care Inspection

Name of Service and ID: Peacehaven (1530)

Date of Inspection: 24 February 2015

Inspector's Name: Alice McTavish

Inspection ID: IN017602

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

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1.0 General information

Name of Service:	Peacehaven
Address:	34-38 Newry Street Rathfriland BT34 5PY
Telephone number:	02840638855
E mail address:	maryohanlon.peacehaven@btinternet.com
Registered Organisation/ Registered Provider:	Peacehaven Care Services Limited
Registered Manager:	Mary Helen O'Hanlon
Person in charge of the home at the time of inspection:	Samantha Connolly
Categories of care:	RC-DE
Number of registered places:	8
Number of residents accommodated on Day of Inspection:	8
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Primary Announced Inspection 24 October 2014
Date and time of inspection:	Secondary Unannounced Inspection 24 February 2015 10.30am – 1.30pm
Name of Inspector:	Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Peacehaven residential care home is situated in the village of Rathfriland in Co. Down and is close to all local amenities. The residential home is owned and operated by Miss Mary O'Hanlon. Miss O'Hanlon is manager of the home and has been registered manager since 1999.

Accommodation for residents is provided in single and double rooms across the ground and first floors. Access to the first floor is via stairs which are also fitted with a stair lift. Communal lounge and dining areas are provided on the ground floor. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. There is a patio area and pleasant garden to the rear of the building. Car parking is available on the street at the front of the building and at the back.

The home is registered to provide care for a maximum of eight persons under the following categories of care:

Residential care

DE Dementia

7.0 Summary of inspection

This secondary unannounced care inspection of Peacehaven residential care home was undertaken by Alice McTavish on 24 February 2015 between the hours of 10.30am and 1.30pm. Samantha Connolly, person in charge, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection could not be adequately examined as the Quality Improvement Plan (QIP) had not been returned. In addition, the person in charge did not have access to the manager's office to view documentation which might have confirmed compliance with the recommendations. These recommendations will be examined at the next inspection. Following a further reminder, the QIP was subsequently returned.

A requirement is made that the registered person must ensure that records required to be maintained are held in the home and are at all times available for inspection in the home by any person authorised by the RQIA to enter and inspect the home.

The focus of this unannounced inspection was on Standard 9 – Health and Social Care. The health and social care needs of residents are fully addressed. Peacehaven was found to be compliant with this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

Staffing levels were also examined. Further details can be found in section 10.0 of the main body of the report.

One requirement and two recommendations were made as a result of the secondary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the person on charge and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 24 October 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy and procedure should be reviewed to include that RQIA must be notified on each occasion restraint is used.</p>		To be examined at next inspection
2	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the Trust should be requested to review the use of any forms of restraint and to consider the safest and least restrictive arrangements necessary to provide care to the residents.</p>		To be examined at next inspection

3	27.3	<p>Furniture, fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents, including those with sensory impairments.</p> <p>A review should be undertaken of all freestanding wardrobes and that these are secured to the wall, if necessary, to prevent toppling and causing injury to residents.</p>	Discussion with staff indicated that a carpenter has been arranged to secure freestanding wardrobes to the wall.	To be examined at next inspection
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STANDARD 9

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
<p>The care records of four residents were reviewed. In all cases the name and contact details of each resident's General Practitioner were present, however, the details of the optometrist and dentist were not consistently noted.</p> <p>Discussion with the person in charge confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p> <p>A recommendation was made that all care records contain details of the residents' optometrist and dentist, as appropriate.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff members in relation to specific residents' needs indicated that staff were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training in first aid. The staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings: <p>The four care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments. All areas of care were considered in detail, including the management of continence care. There was free access by staff to laundered bed linen, towels and continence products.</p> <p>There was evidence of liaison with primary health and social care services. All contacts were clearly recorded in each resident's records. Records were maintained of planned appointments.</p> <p>Staff members on duty were able to describe the referral systems should a resident require the services of health care professionals.</p> <p>A recommendation is made, however, that next of kin, Trust and RQIA are notified of any incident or accident which affects the health, care or welfare of any resident.</p>	Substantially compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings: <p>A review of the care records and discussion with the person in charge and a staff member confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Resident representatives are also kept informed of any follow up care during annual care reviews.</p>	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings: An examination of four care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments and that referrals are made to the appropriate services.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings: The person in charge confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with two residents individually and with the remaining six residents in a group. Residents were observed relaxing in the communal lounge and hallway areas. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I couldn't complain about a single thing. The staff are excellent and we want for nothing. The place is always very warm and clean, the food is lovely and there's always plenty of staff around to help me if I need it. That makes me feel very safe."
- "This is a great place. They are very kind. They couldn't do enough for you."

10.2 Relatives/representative consultation

No representatives or relatives visited the home during the inspection.

10.3 Staff consultation

The inspector spoke with one staff member of care assistant grade. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "When I came to work here, I found everyone to be more than helpful; I feel that the management team and my colleagues are all supportive and approachable. I feel that the residents are treated well. There are good choices available and the residents are always provided with what they want and need. I feel there is a good level of staffing. We work well as a team and this is beneficial to the residents as they don't have to wait for anything, they are attended to immediately. The staff team tries to treat each resident as if they are their own family member."

10.4 Visiting professionals' consultation

No professional visited the home during the inspection.

10.5 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

10.6 Staffing levels

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

- 1 person in charge
- 2 care assistants who also attend to domestic duties
- 1 cook

The person in charge manager confirmed that the evening staff comprises two care assistants. Overnight duty comprises one senior care assistant on waking duty. The staffing levels were within RQIA guidance.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with person in charge Samantha Connolly as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Peacehaven

24 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Samantha Connolly, person in charge, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19 (2) a	<p>The registered person must ensure that records required to be maintained are held in the home and are at all times available for inspection in the home by any person authorised by the RQIA to enter and inspect the home.</p> <p>Ref section 7 of the report</p>	One	Arrangements have been made to ensure that the records required are available at all times.	Immediate and ongoing

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> All care records should be updated to contain details of the residents' optometrist and dentist, as appropriate. <p>Ref section 9, standard 9.1 of the report</p>	One	A new form as been devised which contains the name, address and contact number as requested of G.P, community dentist, district nurse, chirpodist, optician etc. A record of each residents GP and District Nurse was already contained in the residents care plan. All visits are also recorded.	24 April 2015
2	20.15	<p>All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.</p> <ul style="list-style-type: none"> Next of kin, Trust and RQIA should be notified of any incident or accident which affects the health, care or welfare of any resident. <p>Ref section 9, standard 9.3 of the report</p>	One	Unfortunately this incident was overlooked, as the manage was off at the time of the incident. Sytems are now in place to ensure that the Supervisors will complete and submitt forms in the managers absence. All accidents, incidents, communicable diseases, deaths and events occurring in the home which adversely affect the wellbeing or safety of any resident will be reported promptly to the RQIA etc.	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Miss Mary O'Hanlon
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miss Mary O'Hanlon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	22 July 2015
Further information requested from provider			