

Primary Announced Care Inspection

Service and Establishment ID: Peacehaven (1530)

Date of Inspection: 24 October 2014

Inspector's Name: Alice McTavish

Inspection No: IN017601

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of home:	Peacehaven
Address:	34-38 Newry Street Rathfriland BT34 5PY
Telephone number:	02840638855
Email address:	maryohanlon.peacehaven@btinternet.com
Registered Organisation/ Registered Provider:	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:	Mary Helen O'Hanlon
Categories of care:	RC-DE
Number of registered places:	8
Number of residents accommodated on day of Inspection:	7
Scale of charges (per week):	Trust rate
Date and type of previous inspection:	Primary Announced 13 March 2014
Date and time of inspection:	Primary Announced 14 October 2014 10am – 5.30pm
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 are required.

This is a report of a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	3
Relatives	2
Visiting Professionals	0

Questionnaires were provided to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	9	0

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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.

7.0 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

8.0 Summary of Inspection

This primary announced care inspection of Peacehaven residential home was undertaken by Alice McTavish on 24 October 2014 between the hours of 10:00am and 5:30pm. Miss Mary O'Hanlon 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 were also examined. Review of documentation, observations and discussions demonstrated that these recommendations have been addressed within the timescales specified RQIA. The detail of the actions taken by Miss Mary O'Hanlon can be viewed in the section following this summary.

Prior to the inspection, in September 2014, Miss Mary O'Hanlon completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Miss O'Hanlon in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives, 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.

Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. A recommendation is made that the policy document is reviewed to include that RQIA must be notified on each occasion restraint is used. See section 10 of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual resident's assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

A recommendation is made 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. See section 10 of the report.

The evidence gathered through the inspection process concluded that Peacehaven residential home was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by care staff. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Peacehaven residential home was compliant with this standard.

Resident, Representatives and Staff Consultation

During the course of the inspection the inspector met with residents, representatives and staff. Questionnaires had been sent to the home to be completed by staff, however, none was returned.

In discussions 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. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

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

Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect, taking into account their views. Good relationships were evident between residents and staff.

Environment

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.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and three recommendations were made as a result of the primary announced 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, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 13 March 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11 The home contributes to or organises reviews of resident's placement in the home	Resident's attendance or non-attendance at review meetings should be accurate.	Examination of the care review records confirms that it is now noted whether a resident attends or chooses not to attend.	Compliant
2	Standard 19 : Recruitment of staff	Residents, or where appropriate their representatives are involved in the recruitment process where possible (19.6) See report for suggestions if they are unable to fulfil this role directly.	Discussion with the registered manager indicated that representatives are requested to complete an annual Quality Assurance Questionnaire in which representatives are invited to become involved in the staff recruitment process. To date, no representatives have expressed an interest in doing so.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff have knowledge and understanding of each individual residents usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. Each resident of Peacehaven Care Home has a care plan and risk assessment, which provides staff with knowledge and understanding of each individual resident's behaviour and means of communication on a day to day basis. Staff report any concerns to senior staff if they note any changes in means of communication or normal behavior.	Compliant
Inspection Findings: The home had a policy and procedure in place entitled 'Policy on Challenging Behaviour, Violence, Aggression and Restraint' dated August 2014. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge but did not include that RQIA must be notified on each occasion restraint is used. A recommendation is made in this regard. Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour between January 2014 and October 2014 which included a human rights approach. A review of three residents' care records identified that individual resident's usual routines, behaviours and	Substantially Compliant

means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the residents representative. The residents care plan and risk assessment will also be updated if required.	Compliant
Inspection Findings: The policy and procedure document 'Policy on Challenging Behaviour, Violence, Aggression and Restraint' August 2014, included the following: <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust and relatives . Agreed and recorded response(s) to be made by staff Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records and discussions with visitors confirmed that they are informed appropriately.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment When a residents behaviour requires a consistent approach or response from staff, this is detailed in the residents care plan and risk assessment. Staff are advised of any noted changes in the residents behaviour in the residents daily progress notes. Staff coming on duty are provided with a verbal handover from staff going off duty about any changes to a residents condition or behaviour. Where appropriate and with the residents consent, the residents representative is informed of the approach or response to be used.	Compliant
Inspection Findings: A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	Compliant
Inspection Findings: A review of staff training records evidenced that staff had received training in behaviours which challenge provided in the home between January and October 2014, also Dementia Care Training between August and October 2014. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Where any incident occurs outside the scope of a resident's care plan, the details will be recorded and reported, if appropriate, to the residents representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the residents care plan.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from January 2014 to October 2014 and discussions with staff identified that one incident had occurred outside of the scope of a resident's care plan. A review of the records identified that the incident had been investigated by the Southern HSC Trust under Adult Safeguarding procedures and remains ongoing. The residential home has completed further training with staff and has instigated additional measures to ensure that the risk of recurrence is minimised.</p> <p>A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 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.	COMPLIANCE LEVEL
Provider's Self-Assessment 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. All care staff are trained in challenging behaviour and safeguarding vulnerable adults, they are also aware of the care homes policy on restraint and safeguarding vulnerable adults policy.	Compliant
Inspection Findings: Discussions with staff, review of staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. It was noted that some residents use wheelchairs for mobility over longer distances and that lap belts are used, also that a stair gate is placed at the bottom of the stairs on the ground floor. The use of lap belts and the stair gate may be viewed as forms of restraint. A recommendation is made that the Trust is 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. A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	Compliant
Inspection Findings: The home had a policy entitled 'Policy on Activities for Residents' dated October 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	Compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents' inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	Compliant
Inspection Findings: A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of Quality Assurance questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the entrance hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate large print format to meet the residents' needs.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	Compliant
Inspection Findings: Activities are provided for on a daily basis by care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, board games, puzzles, newspapers and magazines, CDs and DVDs. Equipment is purchased by the residential home.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	Compliant
Inspection Findings: Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have necessary skills to do so.	Compliant
Inspection Findings: The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	Compliant
Inspection Findings: The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment Peacehaven care home keeps a record of all activities that take place, the person leading the activity and the names of the residents who participate and the level of participation.	Compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents were in place in regard to photography and other forms of media.	Complaint
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment The programme is reviewed regularly and at least twice yearly to ensure it meets residents changing needs. Residents discuss events and outings at their monthly meeting. In particular prior to Christmas and the summer.	Compliant
Inspection Findings: A review of the programme of activities identified that it had last been reviewed in October 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents' Consultation

The inspector met with seven residents individually whilst they relaxed in the communal lounge, dining area or hallway. 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 like it here. They (the staff) are all very good.'

'I am very well looked after.'

11.2 Relatives/Representatives Consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'I couldn't praise the staff highly enough. They go above and beyond when it comes to looking after (my relative). They are so attentive and know (my relative) so well that they can tell when something is wrong. They contact the GP immediately which means that treatment can start early and that (my relative) does not become more confused. I am very pleased with Peacehaven and with all the staff.'

11.3 Staff Consultation

The inspector spoke with two staff of who are care assistants. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'Working here is fulfilling, it provides great job satisfaction looking after the residents.'

11.4 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.5 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The questionnaire was not returned. On inspection, the registered manager confirmed that all residents in the home with the exception of one has had been subject to an annual care review by the care management team of the referring HSC Trust. The one outstanding care review was being planned.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that no complaints had been received. The registered manager confirmed that any complaints would be investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation would be sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home accompanied by Miss O'Hanlon and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector 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. A recommendation is made, however, that a review is undertaken of any freestanding wardrobes and that these are secured to the wall, if necessary, to prevent toppling and causing injury to residents.

11.8 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 1 November 2013. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff between 26 June 2014 and 10 October 2014. The records also identified that an evacuation had been undertaken on 22 October 2014 and that different fire alarms are tested regularly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Miss Mary O'Hanlon. Miss O'Hanlon confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Mary O'Hanlon 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

Alice McTavish
Inspector/Quality Reviewer

Date 17 November 2014



Quality Improvement Plan

Primary Announced Care Inspection

Peacehaven

24 October 2014

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 Miss Mary O'Hanlon 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.

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	10.1	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. 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.	One	The homes policy has been updated as requested.	31 December 2014
2	10.7	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. 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.	One	A Trust representative was contacted as requested.	31 December 2014
3	27.3	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. 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.	One	All freestanding wardrobes have been secured to the wall following review as requested.	31 December 2014

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:

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	11 March 2015
Further information requested from provider			