

# Inspection Report

## 27 & 30 October 2023



## Peacehaven

Type of service: Residential Care Home  
Address: 34 – 38 Newry Street, Rathfriland, BT34 5PY  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Peacehaven Care Services Ltd	<b>Registered Manager:</b> Miss Mary Helen O'Hanlon
<b>Responsible Individual:</b> Miss Mary Helen O'Hanlon	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Miss Mary Helen O'Hanlon	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered residential care home which provides health and social care for up to eight residents. Residents' bedrooms are located over two floors and residents have access to communal lounge and dining rooms and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 27 October 2023 from 9.30am to 3.30pm by a care inspector and on 30 October 2023 from 11.00am to 1.00pm by a finance inspector.

The inspection was conducted to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All residents were well presented in their appearance and appeared settled and content in their environment. Comments received from residents and staff are included in the main body of this report.

The staff on duty engaged well with residents in a caring and compassionate manner. It was clear through these interactions that they knew one another well and were comfortable in each other's company. There was a good working relationship between staff and management.

No new areas for improvement were identified as a result of the care inspection. Areas for improvement identified at the most recent medicines management inspection were not reviewed as part of this inspection and these have been carried forward for review at the next inspection.

With regards to finance, no monies or valuables were held at the home on behalf of residents at the time of the inspection on 30 October 2023. No new areas for improvement were identified as a result of the finance inspection.

RQIA were assured that the delivery of care and service provided in Peacehaven was safe, effective and compassionate and that the home was well led.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

In relation to finance a sample of residents' financial records was reviewed which included; residents' written agreements, records of residents' fees and records of residents' personal property.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we consulted with residents, the manager and the staff on duty. Residents spoke positively when describing their experiences of living in the home. They appeared happy and were able to choose how they spent their day. The staff told us that they felt that they were trained well and enjoyed working in the home and interacting with the residents.

We received no questionnaire responses or any response from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 August 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that care plans are in place with sufficient detail to direct staff if residents are prescribed insulin or medicines for chronic pain.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time	The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded daily and that action is taken and documented if the temperature is outside the recommended range of 2-8°C.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the residents. An induction booklet was completed to capture the topics covered during the induction.

Regular checks were made to ensure that care staff applied to and maintained their registrations with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were well trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, dementia awareness, deprivation of liberty, fire safety and infection prevention and control (IPC). The manager confirmed that all staff were compliant with mandatory training requirements. Staff told us that they felt well trained to perform their roles in the home.

Staff confirmed that they were further supported through staff supervisions and appraisals. A system was in place to ensure that staff received, at minimum, two supervisions and an appraisal conducted annually.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Discussions with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the person in charge of the home when the manager was not on duty.

Staff spoke positively on the teamwork in the home. One told us, "It's brilliant; never a problem", and another commented, "All's fine with me here". Staff members were observed to work well and communicate well with one another during the inspection.

### **5.2.2 Care Delivery and Record Keeping**

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Care was provided promptly in a caring and compassionate manner.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

There was evidence of next of kin and residents' involvement in care planning. The care records were personalised and included the residents preferred daily and weekly routines. Care records were reviewed monthly to ensure that they remained relevant.

The front door to the home was locked and there was a keypad lock on the stairwell. The manager kept track of deprivation of liberty assessments conducted with the residents. Risk assessments were also conducted to ensure the environment was safe for residents. Hourly overnight checks were recorded as part of the daily evaluation of residents' care. There were no bedrails or alarm mats in use in the home. Daily records were maintained within the care files on how each resident spent their day and which activities they were involved in.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was good availability of food and fluids identified during the inspection. Residents were weighed regularly to monitor for weight loss or weight gain.

There was good availability of food and fluids observed during the inspection and there were ample overstocks of food. The meal timings were adequately spaced out. Residents were weighed monthly to monitor for weight loss and weight gain.

All food was cooked and prepared in the kitchen and served through a hatch to the dining room. Residents dined together in the dining room. The food served appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. The mealtime was well supervised. Condiments were offered and a range of drinks were served with the meal. Residents told us that they enjoyed the mealtime experience.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Residents' bedrooms were personalised with items which were important to them. Privacy curtains were in place, in bedrooms which accommodated two residents, in order to protect residents' dignity. The manager confirmed environmental improvements which had been planned and scheduled.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. A record of visitors to the home was maintained. Rooms which contained hazards to residents had been appropriately locked to restrict access to them.

Cleaning schedules had been completed and audited. There was good compliance with infection control identified during the inspection. There were good supplies of personal protective equipment and hand hygiene products. Separate hand hygiene audits were conducted to monitor this practice.

### **5.2.4 Quality of Life for Residents**

Residents could choose how they spent their day and staff supported residents with their choices. All residents were well presented in their appearance and told us that they liked living in the home. There was a relaxed atmosphere throughout the day in the home. Residents engaged well with one another and staff.

Staff were aware of each resident's interests and hobbies. Activities in the home were led by residents in what they wanted to do. Activities included bingo, skittles, walks, exercises, games, music and chatting. Some residents preferred to read their own books. Some residents enjoyed assisting in household tasks, such as, laundry, folding towels or helping with the dishes. Residents had helped in decorating the home for Halloween. Individual records of each resident's activity engagements were maintained.



Residents' meetings were held every month. Minutes of these meetings were maintained. Topics discussed included activities, food, day trips out, redecoration of the home, the pet sheep and plans for Halloween.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place at the residents' preferred visiting area; including their bedrooms. Residents were free to leave the home with their relatives if they wished to go out.

### **5.2.5 Management and Governance Arrangements**

Since the last inspection there had been no changes to the management arrangements. Miss Mary O'Hanlon has been the Registered Manager and Responsible Individual of the home since 1 April 2005. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management. Staff told us that they found the manager to be 'approachable' and felt that they would be listened to.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included medicines management, care records, the environment and staff professional registrations.

The number of accidents and incidents that happened in the home was low. Accidents had been notified to the appropriate persons at the time of the accident.

A complaint's file was maintained to detail the nature of any complaints received and the corresponding actions made in response to any complaints. A compliments file was maintained and shared with staff. We discussed further ways of enhancing the recording of compliments.

Staff told us they were confident about reporting any concerns about residents' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

### **5.2.6 Finance Inspection**

It is the policy of the home for residents to manage their own monies. However, in line with The Residential Care Homes Regulations (NI) 2005, a safe place was available for residents to deposit items for safekeeping when required. A review of records confirmed that no monies were held on behalf of residents at the time of the inspection on 30 October 2023. Records also showed that one item was held on behalf of a resident for safekeeping. Records relating to the item were up to date.

Discussion with staff confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Two residents' finance files were reviewed. Written agreements were retained within both files. The agreements showed the current weekly fee paid by, or on behalf of, the residents. A list of services provided to residents as part of their weekly fee was also included in the agreements. Both agreements were signed by the resident, or their representative, and a representative from the home.

Review of records confirmed that a weekly third party contribution (top up) was paid on behalf of newly admitted care managed residents. Discussion with the manager confirmed that the third party contribution was not for any additional services provided to residents but the difference between the tariff for the home and the regional rate paid by the Health and Social Care Trusts. The residents' agreements reviewed at the time of the inspection on 30 October 2023 were updated with the current third party contribution.

A review of a sample of records of fees received from two residents' representatives evidenced that the records were up to date at the time of the inspection. Discussion with staff confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

Discussion with staff confirmed that it was policy for the home to pay for services, such as hairdressing and podiatry, in advance and subsequently charge residents or their representatives for the services provided.

A sample of two residents' files evidenced that property records were in place for both residents. The records were updated with additional items brought into the residents' rooms following admission. There was recorded evidence to show that the personal possessions were checked at least quarterly.

The inspector commended the manager on the level of record keeping relating to the residents' finance files.

Discussion with staff confirmed that policies and procedures for the management and control of residents' finances and property were available for inspection. The policies were readily available for staff use. The policies were up to date and reviewed at least every three years.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection on 30 October 2023.

No new finance related areas for improvement were identified during the inspection on 30 October 2023.



## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement had been previously identified where action was required to ensure compliance with the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2*

\*The total number of areas for improvement includes two which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mary O'Hanlon, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (17 August 2023)	The registered person shall ensure that care plans are in place with sufficient detail to direct staff if residents are prescribed insulin or medicines for chronic pain.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (17 August 2023)	The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded daily and that action is taken and documented if the temperature is outside the recommended range of 2-8°C.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>



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