

Inspection Report

20 October 2022



Peacehaven

Type of Service: Residential Care Home
Address: 34-38 Newry Street, Rathfriland, BT34 5PY
Tel no: 028 4063 8855

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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

2.0 Inspection summary

An unannounced inspection took place on 20 October 2022 from 9.30am to 2.30pm by a care inspector.

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

Residents were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from residents and staff members are included in the main body of this report.

There was sufficient staff available to provide care and staff members engaged well with residents in a caring and compassionate manner. There was a good working relationship between staff and management.

The inspection concluded with no areas for improvement identified. RQIA was assured that the delivery of care and service provided in Peacehaven Residential Care Home 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.

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 registered person and the deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with all eight residents and the two staff on duty. Residents told us that they were happy living in the home spoke positively on their engagements with the staff and with the food provision in the home. Staff members were confident that they worked well together; enjoyed working in the home and interacting with the residents.

There were no questionnaire responses received and we received no feedback 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 5 October 2021 | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. | |
| Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time | The registered person shall ensure that chemicals are not accessible to residents in any area of the home in keeping with COSHH legislation. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 30.7 Stated: First time | The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. | |

| | | |
|---|--|------------|
| Area for improvement 2 Ref: Standard 31.2 Stated: First time | The registered person shall ensure that whenever care staff administer thickeners they routinely record this activity. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. | |
| Area for improvement 3 Ref: Standard 27 Stated: First time | The registered person shall consider the use of signage in the home to promote way finding. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Regular checks were also made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), resident moving and handling and fire safety. Staff confirmed that moving and handling training was completed during their induction and repeated on a yearly basis thereafter. There was a nominated moving and handling trainer in the home to provide the practical element of this training.

Training had been provided electronically and face to face. A system was in place to ensure that staff completed their training and evidenced that the majority of staff had achieved compliance with this. Staff also confirmed that they were supported through supervision and appraisal processes. A matrix was maintained to record completed supervisions and appraisals to ensure that staff received a minimum two recorded supervisions and an appraisal on a yearly basis.

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. Discussion with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

Staff spoke positively on the teamwork in the home. One told us, "It is great; we all work really well together". Staff members were observed to work well and communicate well with one another during the inspection.

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. The home's management team operated an on-call rota to enable staff to contact a manager if the need arose and the on-call contact details were readily available to staff.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents and confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day. Staff members were knowledgeable of residents' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed, such as appointments.

Residents consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well and were comfortable in each other's company. Residents told us that they were happy living in the home.

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.

Staff consulted were aware of the correct actions to take should a resident fall in the home. A review of accident records evidenced that the correct actions had been taken and the appropriate people notified of the fall.

Bowel management records had been maintained well. Continence care plans identified the continence products which residents required and the level of assistance required. Likewise personal care records identified the level of care and assistance required. Daily evaluations of care were recorded to evidence the care given.

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. Records of residents' intake and outputs were recorded where this was required and these had been recorded well. Residents' food preferences were recorded to include their likes and dislikes. Residents were weighed regularly to monitor for weight loss or weight gain.

Residents dined in the dining room. Food was served directly from the kitchen where it was freshly prepared. Staff wore the appropriate personal protective equipment (PPE) when serving meals. The food appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. The mealtime was well supervised. Residents spoke positively on the mealtime experience.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff.

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. There were good stocks of food, linen, towels and continence products in the home. The manager confirmed that continence products were delivered monthly in accordance with the residents' assessed needs.

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.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. The manager confirmed planned improvements to residents' bedrooms during the inspection.

There was an enclosed garden area to the rear of the home. Part of this garden was fenced off with sheep grazing on the grass. There was seating all around this fenced off area where residents could sit and watch the sheep. The sheep could also be seen from the main lounge area. Residents told us that they enjoyed watching them.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. There was good compliance noted with best practice on infection prevention and control during the inspection. Isolated IPC issues identified were managed during the inspection. All visitors to the home were required to wear face coverings.

Observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Staff use of PPE and hand hygiene was regularly monitored by the manager, however, records had not been maintained of these checks. This was discussed with the manager who agreed to develop a system of record keeping on IPC checks.

5.2.4 Quality of Life for Residents

Residents confirmed that they were offered choice and assistance on how they spent their day. Residents' meetings had been conducted and included how the residents wished to spend their day. Activities were conducted during the morning and in the afternoon. The planned daily activity was recorded on an orientation board at the front entrance to the home. The planned activities on the day of inspection were for chair exercises, social chatting and bowling. Other

activities included planting seeds, painting and arts and crafts. Decorations had been made for Halloween and were displayed in the home. Activities were conducted on a group basis and on a one to one basis. Activity records were maintained to record each resident's involvement in the completed activity.

Residents were well presented in their appearance and those, who wished to, were wearing their own jewellery, nail varnish and make up.

The front door to the home had been appropriately locked in accordance with the residents' Deprivation of Liberty assessments. Other than the locked door, there were no restrictive practices implemented in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Visiting was conducted in line with Department of Health guidelines. 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. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager to be 'approachable' and 'would listen to staffs' concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. This would be the senior care assistant on duty. Staff told us that they were aware of their own role in the home and the roles of others.

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 care records, staff training and staff registration monitoring. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. There were no recent or ongoing complaints relating to the home. We discussed that any area of dissatisfaction brought to staffs' attention from a resident or relative should be investigated and recorded as a complaint. Cards and letters of compliments were maintained and shared with staff.

There was evidence that the home's policies and procedures were subject to a three yearly review. Policies were maintained in a file and easily accessible to staff.

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

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mary O'Hanlon, Registered Person and Lorraine Wilson, Deputy Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care