The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Haven**

Provider: **The Haven (PNH) Limited**

Date of Inspection: **19 September 2024**

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:	The Haven (PNH) Limited
Responsible Individual:	Ms Kathryn McQuaid
Registered Manager:	Mrs Margaret Wallace
Service Profile: This home is a registered nursing home which provides nursing care for up to 30 patients living with a learning disability for under and over 65 years of age. The home is on ground floor level; it consists of 30 single bedrooms. Patients have access to communal lounges, a dining room and garden.	

2.0 Inspection summary

An unannounced inspection took place on 19 September 2024 from 10:15 am to 4:20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 4 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "the staff are very good " and "there is always enough staff around" .

Discussions with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV and could choose where and how they wished to spend their time.

Comments made by staff were "everybody works as a team here" and staff said they were happy working in the home and they felt well supported by the manager.

No patient/relative or staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences; and were prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that there were inconsistencies in the time period that neurological observations were recorded for. This area for improvement has now been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, the atmosphere was calm, relaxed and unhurried. Patients were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The daily menu displayed did not include an alternative meal choice. This was identified as an area for improvement.

Patients told us that staff offered them choices throughout the day which included getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The weekly programme of social events was displayed on the noticeboard. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. It was evident from records reviewed and discussions held that the provision of social activities and other meaningful interations was an important aspect of the care delivery.

A number of patients were taking part in an arts and crafts activity on the day of the inspection and appeared to be enjoying it, previous artwork and crafts were displayed throughout the home.

Some patients were engaged in their own activities such as; watching television, resting and doing crosswords. Patients were seen to be content and settled in their surroundings.

3.3.3 Management of Care Records

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

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment Control

Many patients' bedrooms were personalised with items of importance to the patient. Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and a number of drawers needing repaired or replaced in patient bedrooms. This was identified as an area for improvement.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of the environment and staff practice to ensure compliance, however some IPC deficits were noted, namely: a number of raised toilet seats and shower chairs were found to be stained. This area for improvement has now been stated for a second time.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Margaret Wallace has been the registered manager in this home since September 2020.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to patients.

Compliments received about the home were kept and shared with the staff team.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* the total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Corneliu Demain, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) **Stated:** Second time **To be completed by:** 30 September 2024	The registered person shall ensure that neurological observations are consistently recorded. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: All staff have been reminded that CNS observations are to be recorded for 24 hours. A white board is on the nurse's office wall and it will outline any ongoing observations. This is to be removed from white board when observations are complete.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 45.5 **Stated:** Second time **To be completed by:** 30 September 2024	The registered person shall ensure that patients raised toilet seats and shower chairs are thoroughly cleaned in line with IPC and best practice guidelines. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: All raised toilet seats and shower chairs are cleaned daily and following each use. Also there is a deep clean completed once a week.

Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 19 September 2024	The registered person shall ensure that the daily menu is clearly displayed in order that patients know what the choices are at each mealtime. Ref: 3.3.2
	Response by registered person detailing the actions taken: Both menu choices are displayed pictorially on the notice board in the dining room.
Area for improvement 3 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 October 2024	The registered person shall ensure that the premises is well maintained; this in relation to: • Identified walls that requiring painting • Bedroom furniture that requires repairing or replacing Ref: 3.3.4
	Response by registered person detailing the actions taken: Painting has commenced and ongoing. Furniture is checked and repaired, this is ongoing.

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