

Inspection Report

4 June 2024



The Haven

Type of Service: Nursing Home
Address: 19 Quarry Lane, Dungannon, BT70 1HX
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Haven (PNH) Limited Responsible Individual: Ms Kathryn McQuaid	Registered Manager: Mrs Margaret Wallace Date registered: 24 September 2020
Person in charge at the time of inspection: Mrs Margaret Wallace	Number of registered places: 30
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 30 persons. 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 4 June 2024 from 10 am to 5:10 pm by a care inspector.

The home was clean, tidy and there was a welcoming atmosphere. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

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.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service 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 patients, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "the staff treat me well; everyone is lovely here". Patients spoke warmly about the provision of care, their relationship with staff and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients and staff were shared with the management team for information and action if required.

No responses were received from the patient/relative questionnaires following the inspection.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team, which is good practice.

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 24 October 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Third time	The registered person shall ensure that a daily menu is displayed in a suitable format/location and is reflective of the meals being served.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 38.3 Stated: Second time	The registered person shall ensure that before staff commence working in the home, any gaps in employment are explored and recorded.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in Section 5.2.1 and has been stated for a third time.	
Area for improvement 3 Ref: Standard 12.7 Stated: Second time	The registered person shall ensure that care plans in relation to the management of modified diets are meaningful and patient centred.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. One recruitment record contained gaps in employment history which had not been recorded or explored. This was discussed with the manager and this area for improvement was first stated in May 2023. Following discussion in RQIA it was agreed that this area for improvement would be stated for a third time allowing the management team more time to ensure their system for recruitment complies with the minimum standard.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

Staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a “handover” at the beginning of each shift to discuss any changes in the needs of the patients.

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.

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 was identified as an area for improvement.

Patients’ falls were recorded, however there was no analysis undertaken by the manager to monitor for any emerging patterns or trends. This was discussed with the manager and an area for improvement was identified.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. Discussion with the manager evidenced that there was no monitoring system in place to ensure that the least restrictive practice was being considered. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. A delay in the service of lunch was observed. Patients who were independent with eating and drinking were waiting for long periods of time before being served their meal while staff were assisting patients who required support. This was discussed with the manager and area for improvement was identified.

It was also noted that meals were not appropriately stored in order to maintain their temperature. This was identified as an area for improvement.

The home had just recently changed from one electronic care records system to another. The area for improvement identified at the last care inspection in regards to care plans for patients who require a modified diet has been carried forward to allow the management more time for this transition and to ensure the new system is effective in managing care records.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

However, some IPC deficits were noted, namely: a number of raised toilet seats and shower chairs were found to be stained, this was discussed with the manager and an area for improvement was identified.

Observation of the environment identified that a fire door was propped open with a fire extinguisher preventing it from closing in the event of the fire alarm being activated. Given the immediate risk of harm to patients, staff and visitors to the home this was discussed with the manager and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed offering personal care discreetly and ensuring patient privacy during personal interventions.

Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

The programme of activities was displayed on the notice board in the dining room. A number of patients were taking part in an arts and crafts activity on the day of the inspection and previous artwork and crafts were displayed throughout the home.

Regular patient meetings were held to provide an opportunity for them to comment on aspects of the running of the home, such as, meals and activities. Records of these meetings were maintained.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Mrs Margaret Wallace has been the manager since 24 September 2020.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Staff commented positively about the management team and described them as supportive and approachable.

There was a system in place to manage complaints, however it lacked detail in regards to level of satisfaction achieved or resolution. This was discussed with the manager and an area for improvement was identified.

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 safeguarding champion for the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, these reports did not accurately reflect the complaints records and there was no record that relatives had been consulted. This was discussed with the manager during feedback and an area for improvement was identified.

There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	2	9*

* the total number of areas for improvement includes one standard that has been stated for a third time and one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Margaret Wallace, Registered 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: First time To be completed by: 4 June 2024	The registered person shall ensure that neurological observations are consistently recorded. Ref: 5.2.2 Response by registered person detailing the actions taken: All staff nurses have been informed to fully record CNS observations for 24 hours after the incident. CNS observations have been added to the Managers monthly audit check list.
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 4 June 2024	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 5.2.3 Response by registered person detailing the actions taken: This has been highlighted to all staff. Everyone has been asked to take further fire training, if their training has not completed within the last 12 months

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: Third time</p> <p>To be completed by: 4 June 2024</p>	<p>The registered person shall ensure that before staff commence working in the home, any gaps in employment are explored and recorded.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff who are interviewing will ask all interviewees to document all employment from leaving school giving month and year in which they started said employment. They will also be asked to include, maternity/paternity leave, or sick leave. Also to give reasons for unemployment within their working life.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.7</p> <p>Stated: Second time</p> <p>To be completed by: 15 June 2023</p>	<p>The registered person shall ensure that care plans in relation to the management of modified diets are meaningful and patient centred.</p> <p>Ref: 5.1 & 5.2.2</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person should ensure that falls are reviewed and analysed on a monthly basis to identify any emerging patterns or trends that may require action.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A falls audit will be completed on a monthly basis, and this will identify if there are any patterns, which can be actioned.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall ensure that there is a system in place to monitor the use of restrictive practice within the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An audit tool has been devised to monitor the use of restrictive practice that is environmental, physical or chemical.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>The registered person shall review the mealtime arrangements to ensure that patients are served their meals in a timely manner. This is in particular reference to the serving of the lunchtime meal.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>Response by registered person detailing the actions taken: Two sittings at all mealtimes Cook will plate up for each sitting separately. A mealtime co ordinator has been appointed on each shift to ensure smooth running in the dining room</p>
<p>Area for improvement 7</p> <p>Ref: Standard 45.5</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>The registered person shall ensure that robust arrangements are in place with regard to maintaining the temperature of all meals served to patients.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 8</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>Response by registered person detailing the actions taken: As there are two sittings at mealtimes, each sitting will be plated up separately, and the food temperature checked and recorded prior to the meals going into the dining room.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 45.5</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>The registered person shall ensure that patients raised toilet seats and shower chairs are thoroughly cleaned in line with IPC and best practice guidelines.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 8</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>Response by registered person detailing the actions taken: Toilets/bathrooms are cleaned daily and as required A deep clean of all bathrooms is completed weekly</p>
<p>Area for improvement 8</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>The registered person shall ensure that records are kept of all complaints and the result of any investigations and level of satisfaction achieved are documented.</p> <p>Ref: 5.2.5</p>
<p>Area for improvement 8</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2024</p>	<p>Response by registered person detailing the actions taken: The complaints book will be set out in a different manner to address the above issues.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall ensure that the monthly monitoring reports are accurate and include consultation with relatives.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Consultations with relatives are now added to the monthly monitoring reports</p>
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