

Inspection Report

Name of Service: The Haven

Provider: The Haven (PNH) Limited

Date of Inspection: 24 April 2025

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 24 April 2025 from 10:20 am to 4:30 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 19 September 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 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.

The inspection identified concerns in regards to repeated areas for improvement and a number of new areas for improvement. Details were shared with the management team during the inspection, this was also discussed again at a more detailed feedback meeting with the registered manager and registered person on 8 May 2025. The management team discussed the actions that had been taken since the inspection and lessons learned. RQIA were assured with the evidence provided following the inspection; that the appropriate action had been taken with regards to the concerns expressed.

As a result of this inspection, one regulation and one standard have been stated for a third time and one standard has been stated for a second time. 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 treat me well" and "the food is good here".

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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

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 systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were generally satisfied with the staffing levels. See Section 3.3.2 for further detail.

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.

Patients who required care for wounds or pressure ulcers had this recorded in their care records. However, review of the wound audit in place lacked detail and oversight of the management of the wounds in the home. This was discussed at the meeting on 8 May 2025 and assurances were given by the management team that the audit tool in use would be reviewed. This will be reviewed at the next inspection.

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 recording of neurological observations. This area for improvement has now been stated for a third 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. 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. Some staff told us that they felt that the staffing levels, particularly at mealtimes were not adequate due to the number of patients requiring direct supervision at meal times. An area for improvement was identified.

The daily menu displayed did not reflect the planned meal choices for the day. This area for improvement has been stated for a second time.

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. A number of the activities arranged by the home are provided by external persons. There was no time allocated on the duty rota for activity provision on occasions when these did not occur. Discussion with care assistants in the home identified concerns in finding time to provide activities due to ongoing work demands. There was no planned activity taking place on the day of the inspection. Review of patient care records evidenced that they lacked detail and for patients who did not take part in the group activities, records reviewed gaps in recording. This was identified as an area for improvement.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, in one patient's care record, care plans and risk assessments had not been developed in a timely manner; this was identified as an area for Improvement.

Patients care records were held confidentially.

Care records were 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

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor. Many patients' bedrooms were personalised with items of importance to the patient. It was noted that a number of walls had been painted since the last care inspection. A number of drawers in patient bedrooms had become dislodged. This was discussed at the meeting on 8 May 2025 and assurances were given that management would implement a system to ensure that the bedroom furniture is checked routinely.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. For example, a container of a food and fluid thickening agent was observed in a bedroom and toiletries were observed in a small number of communal bathrooms. 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 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 third time.

3.3.5 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. However, as stated above in sections 3.3.4, a number of areas were identified in relation to the environment and these deficits had not been identified by the management team. 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. It was established that there was a process in place to manage the safeguarding and protection of vulnerable adults, however it required further detail to ensure that the manager has oversight. This was discussed at the meeting on 8 May 2025 and assurances were given by the management team that this would be addressed. This will be reviewed at the next care inspection.

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of these reports evidenced that they were insufficiently robust so as to identify deficits and drive necessary improvements within the home. An area for improvement was identified.

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	3*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Margaret Wallace, 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: Third time To be completed by: 24 April 2025	<p>The registered person shall ensure that neurological observations are consistently recorded.</p> <p>Ref: 2.0 & 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: The recording of neurological observations was discussed at the recent staff meeting. Nurse Manager has commenced a weekly audit of all neurological observations. If any inconstinencies noted this will be brought to the attention of the nurse who completed the form.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 24 April 2025	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to the safe storage of toiletries and thickening agents.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Residents toiletries are stored in their room in locked vanity units. Staff have been reminded to return toiletries to the residents vanity unit after attending to their personal hygiene. Thickeners are to remain on the snack trolley during the mid morning/afternoon snacks.</p>
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: 31 May 2025	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Regulation 29, will include more detailed information.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 45.5</p> <p>Stated: Third time</p> <p>To be completed by: 24 April 2025</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: 2.0 & 3.3.2</p> <p>Response by registered person detailing the actions taken: The raised toilet seats and shower chairs are cleaned after each use. Nurse Manager has drafted a dialy check sheet of all bathrooms/ensuites and is undertaking spot checks throughout the day, and document same.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 24 April 2025</p>	<p>The registered person shall ensure that the daily menu is clearly displayed in order that patients know what the choices are at each mealtime.</p> <p>Ref: 2.0 & 3.3.2</p> <p>Response by registered person detailing the actions taken: New Photos of dishes have been added to the current portfolio, to better represent meals. .</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2025</p>	<p>The registered person shall ensure that staffing levels are reviewed to ensure that there are adequate staffing levels at meal times. The review should take account of but not limited to dependencies of patients' nutritional needs.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The chef's rota has been modified so that he comes in earlier to prepare breakfast. Funding for extra staff has been sought from the Trust</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2025</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure meaningful activities are provided to patients in the absence of any planned external activities. A contemporaneous record of activities delivered should be retained for all patients'.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The weekly activity plan is followed as is practicably possible. There are seven activity programmes throughout the week which are conducted by outside parties. Staff have been reminded to document when residents partake in the activities or when they</p>

	refuse to take part in the scheduled activity. Nurse Manager has included an activity recording check to her weekly audits..
Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: 24 April 2025	The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home. Ref: 3.3.3 Response by registered person detailing the actions taken: When a resident is admitted all staff nurses are responsible for completeing the care plan and assessments. An audit tool has been devised to monitor that this is completed in a timely manner.
Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 31 May 2025	The registered person shall ensure that a robust environmental audit tool is developed to identify deficits and that the audit action plan clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. Ref: 3.3.5 Response by registered person detailing the actions taken: The environmental audit tool has been revised to include the above

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