The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Haven**

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

Date of Inspection: **7 October 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 7 October 2025 from 9:30 am to 3:05 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 24 April 2025; 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.

As a result of this inspection, eight areas for improvement were assessed as having been addressed by the provider. One area for improvement has 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 patients', 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 "I am doing great" and "my room is nice and clean, I have no concerns".

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.

One questionnaire was received by a relative indicating that they were satisfied with the overall provision of care in the home with comments such as "the home provides a supportive environment where residents are treated with dignity and respect."

No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly 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.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, examination of care records for patients, who had experienced a fall, did not consistently have an updated falls risk assessment or a falls care plan in place. An area for improvement was identified.

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 and had a pleasant experience.

The daily menu displayed only one meal choice for the lunchtime meal. This area for improvement has been stated for a third time. In addition to this, all patients were observed to be having the same meal. Review of the menu choice list evidenced that a small number of patients had chosen an alternative meal but did not receive this. The importance of ensuring that patient choice is upheld was discussed with the management team and an area for improvement was identified.

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 and where and how they wished to spend their time.

The programme of activities was displayed on the notice board in the dining room advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities, such as arts and craft, armchair exercises, jigsaws and music therapy.

Activity records were maintained which included the patient engagement with the activity sessions. Patients who preferred to remain private were supported to do so and had opportunities to engage in their own preferred activities.

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.

Patients care records were held confidentially. Nursing staff recorded regular evaluations about the delivery of care.

Review of care records evidenced that care plans and risk assessments were not regularly reviewed, this is necessary to ensure patients' care records reflect the care being delivered especially as patients' needs may change over time. This was identified as an area for improvement.

In addition, a number of care plans were found to lack detail and had not been personalised for the patient. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

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.

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.

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.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. It was noted that not all notifiable incidents were reported to RQIA. 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	1	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 30 **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that all notifiable incidents are reported to RQIA. Ref: 3.3.5
	Response by registered person detailing the actions taken: All notifiable incidents will be reported to the RQIA
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Third time **To be completed by:** 7 October 2025	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: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: A pictoral menu of both choices is displayed on the menu board.
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 31 October 2025	The registered person shall ensure that patients who are deemed to be at risk of falls have a detailed falls care plan in place and a risk assessment completed after each fall. Ref: 3.3.2
	Response by registered person detailing the actions taken: All nurses have been advised to have a detailed and peronalised falls care plan in place for those residents who are deemed to be at risk of falls. This will be adiuted monthly by the Nurse Manager.

Area for improvement 3 **Ref:** Standard 5 **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that patient choice in relation to meal options is respected and upheld. This is in relation to the lunchtime meal. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Residents are offered a choice of meals for dinner and tea, the day before so that the kitchen can accommodate each request.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that patients' care plans and risk assessments are reviewed regularly. Ref: 3.3.3 **Response by registered person detailing the actions taken:** We commenced a new system and staff nurses are building their care plans. All care plans will be reviewed monthly or before if necessary.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that care plans are person centred and reflect the current needs of the patients. Ref: 3.3.3 **Response by registered person detailing the actions taken:** At the time of the inspection care plans were still been devised on our new system and some of them may not have been person centred at that stage. All care plans are now personalised under each activity of living.

Please ensure this document is completed in full and returned via the Web Portal

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