The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Peacehaven**

Provider: **Peacehaven Care Services Ltd**

Date of Inspection: **3 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:	Peacehaven Care Services Ltd
Responsible Person:	Miss Mary Helen O'Hanlon
Registered Manager:	Miss Mary Helen O'Hanlon
Service Profile –This home is a registered residential care home which provides health and social care for up to eight residents living with dementia and who are over 65 years. The home is spread over two floors and there are various shared and single rooms. Residents have access to a shared lounge, dining room and enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 April 2025 between 9.40 am and 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 31 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff, laughing and joking with staff.

As a result of this inspection eleven areas for improvement were assessed as having been addressed by the provider. 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 resident'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

Residents told us, "it's lovely here". Residents sat in the living area together and chatted, enjoying one another's company.

Residents were well presented and appeared to be in good spirits, saying they had 'no complaints'. Others said, 'the girls here are nice and help me'.

One relative told us that staff were always friendly and very welcoming. They felt their loved one enjoyed living in the home and that staff had been very supportive with the family which they appreciated. Staff knew their loved one well and were able to be proactive in managing care needs and were approachable if family felt they needed to discuss care needs. This enhanced the family's confidence that their loved one was being, "really well looked after".

Three questionnaires were returned following the inspection, from relatives who indicated they were very satisfied with care provided to their loved ones. Feedback was shared with the manager to share with staff for their encouragement.

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 residents. There was evidence of robust systems in place to manage staffing.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew residents well and knew how best to help them and residents had confidence in staffs' ability to provide good care.

Staff told us they enjoyed their job, enjoyed the team they worked with and found that they could approach the manager if required. If staff had any issues, they were able to raise these either in supervision or in staff meetings.

The manager demonstrated oversight of the registration of all staff.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, where a patient required redirection and assurance, staff supported them with compassion and patience. Staff demonstrated knowledge of residents as individuals; using specific and meaningful topics of conversation to support the resident to feel secure.

It was observed that staff respected residents' privacy by their actions such discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

At times some residents 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. Review of the records maintained to monitor the registration of residents who are subject to a Deprivation of Liberty, identified that there were ways in which monitoring could be improved. The manager has agreed to adapt this and it will be reviewed at a future inspection.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, staff checked on patients regularly and patients were encouraged to wear appropriate footwear and keep any walking aids close by.

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

Observation of the lunch time meal, review of records and discussion with staff and the manager indicated that there were systems in place to manage residents' nutrition and mealtime experience. The atmosphere was calm, relaxed and unhurried and residents were enjoying their meal and their dining experience.

The importance of engaging with residents was understood by the manager and staff. Observation of the planned activity, hand massage in the morning, confirmed that through this one-to-one interaction, staff knew and understood residents' preferences and wishes. Staff helped residents to participate in planned activities by being flexible and at times might change the planned activity if this was preferred by the residents.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There were 'homely' touches such as flowers, seasonal cards and balloons displayed in the dining room for the residents to enjoy.

It was positive to note the improvement in the décor throughout the home. Many rooms had been repainted, furniture replaced and surfaces changed in order to be effectively cleaned. Where there was ongoing improvement in areas in the home such as the final finishings, the manager provided assurances of completion date.

Furniture which was previously broken had been replaced or repaired.

Residents had access to a personal lockable cupboard and action was taken to improve these to facilitate more storage for residents.

Review of the environment, for example dust on the skirting behind doors, shower rooms and fixtures of the shower; and discussion with staff, indicated that there was not a robust system in place to ensure regular deep cleaning of all areas of the home. An area for improvement was identified.

Window restrictions were in place for all grounds floor windows but not in place for first floor windows. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection

Residents, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was positive to note that review of a sample of records evidenced that there has been improvement in the systems for reviewing the quality of care, other services and staff practices. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Relatives said that they knew how to report any complaints and said they were confident that the manager would address their concerns.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary O'Hanlon, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quallity Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 17 August 2023	The registered person shall ensure that care plans are in place with sufficient detail to direct staff if residents are prescribed insulin or medicines for chronic plain. Ref: 2.0 **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.**
Area for improvement 2 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 17 August 2023	The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded daily and that action is taken and documented if the fridge is outside the recommended range of 2-8˚ C Ref: 2.0 **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.**
Area for improvement 3 **Ref:** Standard 27.1 **Stated:** First time **To be completed by:** 3 July 2025	The registered person will ensure that there is a system to ensure there is regular deep cleaning of all areas of the home is in place and monitored regularly. Ref: 3.3.4 **Response by registered person detailing the actions taken:** A system has been put in place to ensure regular deep cleaning of all areas of the home.
Area for improvement 4 **Ref:** Standard N12 **Stated:** First time **To be completed by:** 3 July 2025	The registered person will ensure that there are restrictions on the window openings on the first floor, which cannot be overridden by residents. Ref:3.3.4 **Response by registered person detailing the actions taken:** The window restriction have been installed.

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

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