

# Inspection Report

<b>Name of Service:</b>	<b>Peacehaven</b>
<b>Provider:</b>	<b>Peacehaven Care Services Ltd</b>
<b>Date of Inspection:</b>	<b>31 October 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Peacehaven Care Services Ltd
<b>Responsible Person:</b>	Miss Mary Helen O’Hanlon
<b>Registered Manager:</b>	Miss Mary Helen O’Hanlon
<b>Service Profile</b> – This home is a registered residential care home which provides health and social care for up to eight residents living with dementia and 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 rooms and an enclosed garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 31 October 2024, from 9.30 am until 5.00 pm by two care inspectors. The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; 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 knew the residents well and were trained to deliver effective and compassionate care. Residents said that living in the home was a good experience. Residents spoke well of the care received and interactions between staff and residents was very positive.

However; concerns were identified regarding the cleanliness, maintenance and decor of the home’s environment, and the lack of robust oversight and governance arrangements in place to monitor and ensure the home remained safe and to an acceptable standard for residents.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA’s enforcement procedures. A Serious Concerns Meeting was held on 15 November 2024 with the Responsible Person Mary O’Hanlon and a member of their management team. An action plan was shared with RQIA identifying actions taken and timescales for further actions. RQIA were sufficiently assured that appropriate action has been taken to address the serious concerns identified during the inspection; and the areas for improvement will be managed through the Quality Improvement Plan (QIP) in section 4.0 below.

## **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 that "the girls are nice" and "I think it's lovely here". Residents were observed to be sitting in the lounge together and chatting. Residents spoke well of feeling cosy in the lounge area.

Residents said that they would feel comfortable telling the staff if there was something on the menu they didn't like and reported "the girls look after us very well". Staff had good knowledge of daily routines of residents' and their personal preferences. When asked about the care delivery one resident said, "they come and help me, they're not too slow" and in relation to personal preferences, one resident said they liked tea and "you get good cups of tea".

One resident said, "we can pass the time alright" and staff were overheard to be offering choices to residents regarding which game they wished to play. Much laughter was heard from the room and residents were observed to be enjoying themselves.

## **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 systems in place to manage staffing.

There was enough staff in the home to respond to the needs of the residents in a timely way. Residents said they had confidence in staffs' ability to provide good care.

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.

All care staff are required to be trained in Mental Capacity Act (Northern Ireland) 2016, specific to their role. This is particularly important when working with residents living with dementia. Training records did not evidence that this training was completed and up to date for all staff. An area for improvement was identified.

### 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. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as offering personal care to residents discreetly. Staff were also observed offering residents choice in how they spent their day or how they wanted to engage socially with others.

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.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. One resident said "Oh isn't this lovely" when lunch was presented. The lunch meal smelled and looked appetising. Residents were offered a choice of drinks to have with lunch and condiments were offered also. A person centred approach was given to residents who found the dining room a busy experience and support was offered to facilitate a social environment which met their needs.

The importance of engaging with residents was well understood by the manager and staff. Residents spoke well of staff engagement, telling us "the girls in here are good chat". Residents were well presented and those who were interested in cosmetics reported they had the opportunity to have their nails painted. In the lounge there was a choice to watch TV or enjoy a magazine while in the company of others.

Arrangements were in place to meet residents' social needs within the home and residents were observed to enjoy an afternoon of skittles. 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.

### 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. Risk assessments were in place and regularly reviewed.

### 3.3.4 Quality and Management of Residents' Environment

The home was warm and the communal lounge was decorated in a homely way with some magazines available. Bedrooms and communal areas displayed flowers and items which were personal to each resident such as photographs and ornaments.

There was no lockable storage space for residents. An area for improvement was identified.

A number of fittings and items of furniture and equipment throughout the home required to be replaced or repaired. Some furniture was damaged and therefore could not be effectively cleaned. This included a bed frame, bed rails and shower equipment.

Areas of the premises required attention and/or redecoration including bedroom furniture and wall paper.

There was no refurbishment plan in place to address the environmental concerns identified. RQIA were concerned that the poor standard of décor, cleanliness, and maintenance had not been addressed in a timely way, to ensure the well-being and dignity of the residents and their enjoyment of their home.

Details including photographic evidence was shared with the home's management team during the meeting with RQIA on 15 November 2024. A refurbishment plan was submitted to RQIA with details of actions taken to date and what is still outstanding, and date to be achieved by. An area for improvement was also identified.

The home's most recent Fire Risk Assessment (FRA) was not available during the inspection and a copy was not provided to RQIA until 12 November 2024. There was no evidence that required actions had been addressed within agreed time frames. The FRA was shared with RQIA's estates inspector for review and this was also discussed during the meeting on 15 November 2024. A date for the home's Fire Risk Assessment (FRA) was to be arranged as soon as possible; and the scheduled date has been shared with RQIA. Two areas for improvement were also identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss O'Hanlon has been the manager in this home since 1 April 2005.

Staff said that they "loved" their job and enjoyed spending time with the residents.

Where there was a robust system in place to monitor good practice and identify deficits, there was evidence that the system was effective; for example, audits of care plans. However; there was no evidence that the manager had oversight of the systems to measure and ensure improvement of staff practice such as audits of hand hygiene, medication, activities and contact notes. These audits had not been regularly reviewed by the manager and required action not taken. An area for improvement was identified.

There was no system or record of monthly monitoring by the registered person. An area for improvement was identified.

Concerns were identified at the lack of robust oversight and governance arrangements of the home's overall environment, which has the potential to place residents at risk. There was no evidence to confirm that broken/damaged items had been reported or that replacement equipment had been ordered in a timely way. There was no evidence of how cleaning tasks were allocated to staff, and there was no cleaning schedule or system in place to ensure cleaning was completed regularly and to a sufficient standard.

There were limited audits of the home's overall environment, and completed audits did not evidence that effective management systems were in place to monitor and ensure the premises, furniture and decor was being kept clean, well maintained and to an appropriate standard which respected residents' right to live in their environment with dignity. The governance systems in place did not demonstrate that any of the environmental deficits had been identified by management prior to the inspection; there was no evidence of any action plans in place to address these deficits.

These concerns were discussed with the home's management team during the meeting with RQIA on 15 November 2024. The management team confirmed that current refurbishment plan which was submitted to RQIA on 13 November 2024 would remain under review and be updated to ensure all required actions were addressed in a timely manner. The management team also outlined plans to review and improve the existing governance arrangements, including formalising audit processes and moving to an electronic system which should help to ensure that all required records are in place, available and accessible as required. RQIA accepted these assurances and an area for improvement was identified.

### 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
<b>Total number of Areas for Improvement</b>	3	8*

\* the total number of areas for improvement includes 2 standards which are carried forward for review at a future inspection.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2024</p>	<p>The registered person shall ensure the premises of the home are kept in a good state of repair and that all parts of the home are kept clean and reasonably decorated.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> A refurbishment plan was already in place, to be commenced in January 2025. However the refurbishment of the home was brought forward following the inspection and audit checklist created.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2024</p>	<p>The registered person shall ensure that the Fire Risk Assessment remains current and up to date; and that any required actions are completed within the specified timeframe.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The homes annual fire risk assessment was completed on the 4.12.24. There were no recommendations.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2024</p>	<p>The registered person will ensure the records required under the HPSS (Quality Improvement and Regulation) (NI) Order 2003 (Regulations) are up to date, accurate and available for inspection, relatives and RQIA.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> As discussed at the meeting with the RQIA, The Manager had to leave the inspection early, Records were left for inspection which included the home audit file, which records audits of hand hygiene, medication, progress notes, contact notes activities and food and fluid records. These records were available during the inspection but I am advised they</p>

	<p>were not requested. There was also a cleaning schedule file with cleaning schedules that are completed daily by the staff. The cleaning schedules clearly indicate how cleaning tasks are allocated to staff. The file contains completed cleaning schedules for the kitchen, bathrooms, bedrooms, lounge and dining area. I am advised that the records were not requested during the inspection but where available.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 August 2023</p>	<p>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 pain.</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 August 2023</p>	<p>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</p> <p><b>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.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2025</p>	<p>The registered person will ensure that all senior staff and management have completed and up to date mandatory Mental Capacity Act Training Level 3.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager and Assistant Manager have completed Mental Capacity Act training level 3. The Assistant Manager of the care home has completed her training following the inspection.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard E26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2024</p>	<p>The registered person will ensure that there is a lockable storage space for each resident.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has been provided.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2025</p>	<p>The registered person will monitor the quality of services and complete a report on a monthly basis.</p> <p>Ref 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> The home manager discussed the request for a report to be completed during the inspection, as the request to complete a monthly report on the quality of the services is contrary to previous advise given by the RQIA. Clarification on the matter is required.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2024</p>	<p>The registered person will ensure robust systems are in place to identify deficits in the home and ensure there are clear action plans which are time bound and signed at the point of completion.</p> <p>Ref 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> A new audit checklist has been developed as per discussion and advice from the inspectors.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2024</p>	<p>The registered person promotes a safe environment by implementing a formal maintenance log</p> <p>Ref: 3.3.4 &amp; 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> A maintaince file is already maintained by the Care Home detailing any work required and subsequently undertaken in the home.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2024</p>	<p>The registered person promotes a safe environment by implementing a system to monitor Infection Prevention and Control</p> <p>Ref: 3.3.4 &amp; 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A new audit checklist has been developed as per advise from the inspectors/</p>

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



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