

Inspection Report

Name of Service:	The Haven
Provider:	Haven (PNH) Limited - The
Date of Inspection:	15 July 2026

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:	Haven (PNH) Limited - The
Responsible Individual:	Ms Kathryn McQuaid
Registered Manager:	Mrs Margaret Wallace
Service Profile: The Haven is a registered nursing home which provides nursing care for up to 30 patients living with a learning disability. The home is on ground floor level and 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 15 July 2026, between 9.40 am and 6.15 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 7 October 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered and it was evident that staff promoted the dignity and well-being of patients. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be well presented, relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been stated for the second time and one area for improvement has been carried forward for review at a future inspection. Seven areas for improvement in relation to medicines management have also been carried forward for review at a future medicines management inspection. 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am happy here", "The staff are looking after me well", "It's like a home from home", "The staff are all very good" and "I like it here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Great support from management", "I love working here", "Good teamwork" and "Staffing levels are very good".

One questionnaire was received from a relative following the inspection. The respondent was very satisfied with the overall provision of care. Comments included: "I have found The Haven to be a very caring and competent home", "(relative) has settled into life there very well" and "The staff seem very capable and bring an air of optimism to the home".

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 robust systems in place to manage staffing.

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 interactions with patients were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patient care records evidenced that a number of entries exceeded the recommended frequency of repositioning as directed within the care plan. An area for improvement was identified.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, care plans did not provide sufficient information. Details were discussed with the deputy manager and an area for improvement has been stated for a second time.

It was further identified that post falls observations were not consistently being completed in line with the home's policy. An area for improvement was identified.

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 and their diet modified. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

The dining experience was an opportunity for patients to socialise, and whilst the atmosphere was calm, relaxed and unhurried, a number of patients were observed to be seated at the dining table waiting on their meal whilst other patients had received their meal. This was discussed in detail with the management team and following the inspection, written and verbal confirmation was received that relevant action had been taken to address these issues and to enhance the mealtime experience.

There was a lunchtime pictorial menu displayed within the dining room, however, there was only one meal choice available. This was brought to the attention of the deputy manager who immediately had the second meal option displayed. A discussion was held with the management team who provided the necessary assurances that this would be closely monitored going forward to ensure sustained compliance. A decision was therefore made to carry forward this area for improvement for review at a future inspection.

Patients confirmed that they were consulted with on a daily basis regarding a choice of two meals. However, review of the menu choice list evidenced that patients requiring a modified diet were not provided with a choice. The importance of ensuring that patient choice is upheld was discussed with the management team and an area for improvement has been stated for a second time.

Patients commented positively about the food provided within the home with comments such as: "I really like the food here", "The food is very good" and "We get a choice of meals everyday".

The importance of engaging with patients was well understood by the management and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as board games, arts and crafts, music and exercises.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "There is always plenty of things to do", "I enjoy the activities here, especially the arts and crafts and armchair exercises", "I am never bored" and "I am more than happy here".

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Review of a sample of care records evidenced that a number of care plans did not fully reflect the current needs of the patient. Details were discussed with the management team and an area for improvement has been stated for a second time.

Care plans for patients receiving one to one supervision did not provide sufficient details regarding the reason for enhanced supervision and/or the duration of supervision required. Details were discussed with the management team and an area for improvement was identified.

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

3.3.4 Quality and Management of Patients' Environment

The home was fresh smelling, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Review of two communal bathrooms evidenced staining to the bath trolley covers and to grout around a toilet base and floor covering. This was discussed with the management team who advised that the bath trolley covers had already been ordered and agreed to action all other findings. Following the inspection, written and verbal confirmation was received that relevant action had been taken to address these findings.

Uneven surfaces were evident to a number of flagstones within the courtyard accessible to patients. The potential trip hazard was discussed with the responsible individual who confirmed that this had recently been identified and that they were in the process of having this repaired. Following the inspection, written confirmation was received of the action taken to address this.

A trolley with cleaning chemicals was observed unsupervised within a corridor area. Details were discussed with the management team and an area for improvement was identified.

It was further identified that a cupboard within two communal bathrooms were unlocked containing personal protective equipment (PPE); one of the cupboards also contained toiletries. The potential risks were discussed with the management team who took immediate action to address this and agreed to monitor going forward to ensure sustained compliance.

A Fire Risk Assessment (FRA) had been completed on the 20 October 2025. Any recommendations made following this assessment were signed by management as completed.

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 24 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.

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*	12*

* The total number of areas for improvement includes three standards that have been stated for a second time and one standard that has been carried forward for review at a future inspection. One regulation and six standards have also been carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Corneliu Demian, Deputy 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 2 June 2026	The registered person shall ensure that medicines are stored securely. This is in reference to the secure storage of thickening agents
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 15 July 2026	The registered person shall ensure that head injury observations and relevant documentation are completed in line with the home's policy. Ref: 3.3.2
	Response by registered person detailing the actions taken: All Staff Nurses have been reminded to ensure that all head injury observations and relevant documentation are completed in line with the Falls Pathway. This continues to be monitored by management.
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 15 July 2026	The registered person shall ensure that trolleys with cleaning chemicals are supervised when in use. Ref: 3.3.4
	Response by registered person detailing the actions taken: Domestic Staff are to take trolleys into rooms where possible when cleaning, if this is not possible they are to be in line of sight at door way.
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 29 Stated: Second time To be completed by: 2 June 2026	The registered person shall ensure that personal medication records are accurately maintained.
	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. Ref: 2.0

Area for improvement 2 Ref: Standard 18 Stated: Second time To be completed by: 2 June 2026	The registered person shall ensure that the management of medicines prescribed for distressed reactions is reviewed as detailed in the report.
	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. Ref: 2.0
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: 2 June 2026	The registered person shall ensure that care plans are in place to direct staff where patients are prescribed medication to manage pain.
	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. Ref: 2.0
Area for improvement 4 Ref: Standard 28 Stated: First time To be completed by: 2 June 2026	The registered person shall ensure that care plans are in place to direct the required care when patients are prescribed insulin.
	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. Ref: 2.0
Area for improvement 5 Ref: Standard 45 Stated: First time To be completed by: 2 June 2026	The registered person shall ensure that inhaler spacer devices are cleaned and replaced in line with the manufacturers' recommendations and that they are labelled to denote ownership.
	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. Ref: 2.0
Area for improvement 6 Ref: Standard 28 Stated: First time To be completed by: 2 June 2026	The registered person shall implement a robust audit tool which covers all aspects of the management and administration of medicines. Any shortfalls identified should be detailed in an action plan and addressed.
	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. Ref: 2.0

Area for improvement 7 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. 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. Ref: 2.0 and 3.3.2
Area for improvement 8 Ref: Standard 6 Stated: Second time To be completed by: 15 July 2026	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: Staff Nurses directed in how to make residents Care Plans more robust to include such things as, footwear, clutterfree environment, floor surface etc. Also reminded to complete risk assessment after each fall, Both of these will be audited monthly by Nurse Manager.
Area for improvement 9 Ref: Standard 5 Stated: Second time To be completed by: 15 July 2026	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: Dishes from each choice will be prepared for lunch, incase a Resident changes their mind. This will be checked daily by Management.
Area for improvement 10 Ref: Standard 4 Stated: Second time To be completed by: 15 July 2026	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: Nurses have been asked and reminded to personalise each section of the activity of living within the Care Plans. This will be audited monthly by the Nurse Manager.
Area for improvement 11 Ref: Standard 23 Stated: First time	The registered person shall ensure that patients are repositioned in accordance with the recommended frequency within their care plan. Ref: 3.3.2

To be completed by: 15 July 2026	Response by registered person detailing the actions taken: Staff asked to complete repositioning charts for all repositioning events. This will be audited by Nurse Manager.
Area for improvement 12 Ref: Standard 4 Stated: First time To be completed by: 15 July 2026	The registered person shall ensure that for any patient receiving one to one supervision a detailed care plan is in place to provide sufficient information regarding the reason for and duration of the one to one supervision. Ref: 3.3.3
	Response by registered person detailing the actions taken: The rationale for 1:1 supervision to be accounted for with Residents Care Plans. All Staff Nurses have been informed for the need for same.

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



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