

Unannounced Inspection Report 9 January 2020



The Beeches Professional & Therapeutic Services

Type of Service: Nursing Home
Address: 9-11 Lurgan Road, Aghalee, BT67 0DD
Tel No: 028 9265 2233
Inspector: Helen Daly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide care for up to 41 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional and Therapeutic Services Ltd Responsible Individuals: Mr James Brian Wilson	Registered Manager: Mrs Carmel Nelson
Person in charge at the time of inspection: Mrs Carmel Nelson	Date manager registered: 9 March 2007
Categories of care: Nursing Homes (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 41

4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 10.45 to 15.00.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the management of medicines, staffing, the dining experience, communication between patients and staff and taking account of the views of patients and their families.

No new areas for improvement were identified. One area for improvement in relation to signage was stated for a second time.

Patients said that they enjoyed living in the home. Patients unable to voice their opinions were seen to be relaxed and comfortable.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

*The total number of areas for improvement includes one which has been stated for a second time. Details of the Quality Improvement Plan (QIP) were discussed with Mrs Carmel Nelson,

Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 May 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- care plans in relation to distressed reactions, pain and covert administration
- the management of medicines on admission, medication changes, antibiotics and warfarin
- supplementary records in relation to food and fluid intake
- care plan audits and action plans

Areas for improvement identified at the last care inspection were reviewed and the assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care dated 29 May 2019

Areas for improvement from the most recent care inspection dated 29 May 2019		
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 43 Criteria (1) Stated: First time	The registered person shall consider the use of signage in the home to promote way finding.	Not met
	Action taken as confirmed during the inspection: Evidence was available to show that various companies had been contacted to provide signage. However, the signage had not yet been ordered and was not currently in place. This area for improvement has not been met and is stated for a second time.	
Area for improvement 2 Ref: Standard 4 Criteria (9) Stated: First time	The registered person shall ensure that supplementary record keeping in relation to food and fluid intake is enhanced to contain further details improving the accuracy of the recording.	Met
	Action taken as confirmed during the inspection: We reviewed the daily records of food and fluid intake. These included full details of what food and fluids were consumed.	

Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that action plans are developed when shortfalls are identified within patient care record audits and that these action plans are reviewed to ensure completion.	Met
	Action taken as confirmed during the inspection: We reviewed nine care plan audits. There was evidence that the resultant action plans had been implemented and that they had been reviewed by the registered manager.	

There were no areas for improvement identified as a result of the most recent medicines management inspection (19 April 2018).

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staff advised that they felt that there were enough staff to meet the needs of the patients and this was evidenced during the inspection. The patients we spoke with said that they felt well looked after in the home. Patients' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be warm and fresh smelling. All areas inspected were appropriately decorated and clean. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients. Bedrooms had been decorated in accordance with patients' preferences.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Monthly audits on the management and administration of medicines were completed. There was evidence that medicines were administered as prescribed. Dates of opening had not been recorded on some medicines, including eye preparations. This is necessary to facilitate audit and disposal at expiry. The registered manager advised that this would be discussed with all registered nurses and followed up during the monthly audits. Due to these assurances an area for improvement was not identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained. A small number of spacer devices needed to be replaced; these were ordered during the inspection.

We reviewed the midday meal in the main dining room. In order to enhance the mealtime experience lunch was served over two sittings. Patients dined in the dining room or their preferred dining area. Tables had been laid appropriately for the meal. The pictorial menu offered a choice of meal for lunch and alternatives were also available. Patients who required their meals to be modified were also given a choice of meal. Food was served from a heated trolley when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients were offered clothing protectors and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Records of food and fluid intake were maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients received a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Of the questionnaires that were issued, seven were returned within the time frame specified (two weeks) for inclusion in this report. All respondents were either “satisfied” or “very satisfied” with the care provided in the home.

We spoke with six patients during the inspection. All were complimentary regarding the care provided and staff. The following are some of the comments made:

- “I love it here. There is plenty to do. I love the music. I had a good lie-in today so I’m on my way for a nice breakfast now.”
- “I love it here. I am going back over to day care. We were planning this morning, so that was good.”
- “I had a nice lunch, I took the soup.”
- “It’s very nice. Staff are good to you.”

Observation of the care practices evidenced that staff adopted a person centred care approach. Staff communicated with patients in a manner that was sensitive and understanding of their needs. Patients who could not verbalise their feelings in respect of their care were observed to be comfortable.

Several patients were at day care. A range of activities was also provided in the home. Some patients were having one-to-one time, others were watching a film or involved in a quiz with the activity therapist. Staff advised that patients have regular outings and had been out to Christmas markets and Christmas dinners. Staff were aware of what activities/outings that the patients enjoyed and these were then planned accordingly.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring that patients were provided with activities that they enjoyed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There was evidence that medication incidents had been investigated to identify and implement any learning to prevent a recurrence. The registered manager advised that there were robust auditing processes and that staff knew how to identify and report incidents.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The registered manager advised that staff had completed training.

We met with two registered nurses, one care assistant and the staff in the laundry. All staff advised that they felt that patients were well cared for in the home and that they were aware of how to report any concerns regarding patient care. Comments from staff included:

- “ This is a really well-run home. The manager and deputy manager are hands on. The rota is well managed to ensure that there is plenty of cover on the floor. The patients are well cared for. It is person-centred care. There is time to deliver care and activities. At Christmas every patient went out either for dinner, to the cinema or shopping. All staff are well trained. The care assistants are great at following all the guidance.”
- “ This is an excellent home, absolutely amazing, from the activities to the care, to the quality of the food. The manager is excellent, she knows the patients inside out. Everyone goes above and beyond for the patients. We are trained to within an inch of our lives. I would have no problem having a member of my family living here.”
- “I love it here. The patients have so much choice. It is so person-centred. Where people can’t see, staff try to make sure that their clothes have an extra nice feel. Everyone is dressed so well and so well cared for.”

We spoke with relatives of two patients. They were complimentary regarding the management and care provided in the home. The following comments were made:

- “The care is great. My brother is well cared for and very comfortable. He is in no pain. When I am here there is always something going on for the patients. We have no complaints.”
- “ The care is excellent. We are here every day. We have only good things to say about the home and staff. My brother always looks great and we have never found him in need of anything. The staff are excellent.”

Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting patients’ needs and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mrs Carmel Nelson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 43 Criteria (1) Stated: Second time To be completed by: 9 March 2020	The registered person shall consider the use of signage in the home to promote way finding. Ref: 6.1 Response by registered person detailing the actions taken: The signage has been agreed and ordered and will be placed throughout the home when delivered.

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



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