



Unannounced Care Inspection Report 14 August 2018



The Beeches Professional & Therapeutic Services

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 41 persons.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: Mr James 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 Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. | Number of registered places: 41 Associated PD under and over 65. |

4.0 Inspection summary

An unannounced inspection took place on 14 August 2018 from 09.15 to 16.50 hours.

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 Care Standards for Nursing Homes 2015.

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 staffing arrangements, recruitment, training and development of staff and with the home's environment. Good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained. Governance arrangements in respect of accident and incident management and quality improvement was managed appropriately.

An area requiring improvement under regulation was identified in relation to the review of patient care assessments. Areas requiring improvement were identified under standards in relation to the effective cleaning of shower chairs and care plan review.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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 | 1 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Carmel Nelson, Registered Manager and James Wilson, Responsible Individual, 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 19 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 April 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with seven patients, nine staff and four patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 13 August 2018

- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the registered manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 15 August 2017

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 22 Stated: Second time | The registered person should ensure that post falls management is conducted in accordance with best practice guidance. | Met |
| | Action taken as confirmed during the inspection: A review of accident records pertaining to two separate falls in the home evidenced that this area for improvement has now been met. | |

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 13 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff confirmed that supernumerary hours were allocated to new staff to allow them to work alongside a more experienced staff member to become familiar with the home's policies and procedures.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. The majority of training was conducted face to face. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff also confirmed that they were encouraged to suggest and/or request any additional training relevant to their role. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and had attended training pertinent to this role. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed, however, these had not always been reviewed as required. This will be further discussed in section 6.5. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. From a review of records and discussion with the registered manager there was evidence of proactive management of falls. An area for improvement made in this regards has now been met.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with best practice in infection prevention and control had been generally well maintained. However, an area for improvement was identified in relation to the effective cleaning of shower chairs following use. Infection rates were monitored on a monthly basis in the home.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, staff training and development, monitoring registration status of staff, accident management and the home's general environment.

Areas for improvement

An area for improvement was identified under standards in relation to the effective cleaning of shower chairs following use.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weights, and restrictive practice. No patients in the home had a wound which required ongoing treatment. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However, one identified patient's care records demonstrated that assessments, which had been completed initially, had not been reviewed appropriately. This was discussed with the registered manager and identified as an area for improvement. The patient's care plans had also been completed and were reflective of assessments, although, the care plans had not been evidenced as regularly reviewed. For example, one care plan had not been reviewed since April 2017. This was discussed with the registered manager and identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dietitians. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Staff spoke positively of a pre-printed handover sheet to aid in the collection of relevant information. Staff were identified on the handover sheets to allocated tasks required to be undertaken during the day.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, "Brilliant" and "We are like one big family here. We always help each other out". Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were, "Very approachable".

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff confirmed that regular staff meetings occurred in the home with minutes available for staff, who were unable to attend the meeting, to review.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under regulation in relation to the review of patient care assessments.

An area for improvement was identified under standards in relation to the regular review of care plans.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

6.6 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.

We arrived in the home at 09.15 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

A new activity co-ordinator had been employed since the last care inspection. A programme of activities for the incoming week was displayed outside of the sensory room in the home. The scheduled activity for the day was displayed alongside in a pictorial format with the day's date clearly identified. Patients and staff spoke positively in relation to arranged outings to Newcastle, Portrush, concerts and spas. Discussion with the activity co-ordinator confirmed that activities conducted in and out of the home were decided by patients at monthly patient meetings. A notice was displayed identifying the next patient meeting to be conducted on 22 August 2018. Minutes of these meetings were maintained in a 'service user involvement file'. Monthly topics were also discussed at meetings such as complaints; fire safety; safeguarding and/or maintaining a balanced diet. Service user friendly printouts were developed as an aid to these discussions. Photographs of the activities conducted and a published monthly newsletter was also maintained within the service user involvement file. Copies of the newsletter were also left in identified areas in the home for patients and their representatives to read. Daily records were maintained of all activity inclusion, including one to one, and transcribed into individual patient care records. In addition, quarterly activity reports were completed which highlighted activity provision and positive outcomes. The activity provision in the home was commended.

The serving of lunch was observed in the dining room. Lunch commenced at 12:00 hours. Patients were seated around tables which had been appropriately set for the meal. Staff dined with patients which promoted social interaction and allowed for close supervision where required. Food was served from a heated trolley, positioned away from where the patients were eating, when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. A pictorial menu was displayed in the dining room reflective of the food which was served. The rotating 'summer menu' was displayed alongside the daily menu. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Patients commented positively on the food provided.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "To all the staff at the Beeches, thank you for taking care of"
- "Thank you isn't enough to say how much we appreciate the love and care extended to our sister"

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in The Beeches Professional and Therapeutic Services was a positive experience. Ten patient questionnaires were left for completion. None were returned.

Patient comments:

- "It's brilliant here. They [the staff] are all lovely. The food is good."
- "It's great here. We get breakfast, lunch and dinner."
- "It is lovely here. The food is lovely."

Four patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Four were returned within the timescale. All respondents indicated that they were very satisfied with the care provision across all domains. Some patient representatives' comments were as follows:

- "They [staff and management] are marvellous here. It is a really good home. Couldn't say enough about it."
- "I would recommend this home 101 percent. They [the staff] attend to all the people here straight away. Nothing is too much trouble."
- "We are very happy with the care here. We know if ... has to go to hospital that it is because it is a necessity. We are very happy with the upkeep of the environment and the standard of the food."
- "The Beeches is the best nursing home in my opinion. It is kept clean and the staff are very caring in every way."
- "I am very happy that my son ... is getting the best possible care."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from nine staff consulted during the inspection included:

- “I love it here. Absolutely love it.”
- “It is completely different here than other places I have worked. We have everything we need here to work with.”
- “I love the home. The managers are very approachable.”
- “I love coming to work.”
- “I absolutely love it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining the dignity and privacy of patients, listening to and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Information leaflets were available in the home containing information on the home’s complaints procedures. The registered manager confirmed that learning from any complaints received would be disseminated to staff through staff meetings.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and infection prevention and control practices.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmel Nelson, Registered Manager and James Wilson, Responsible Individual, 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 Home Regulations (Northern Ireland) 2005 and The 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 QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2018</p> | <p>The registered person shall ensure that overall patient assessments are reviewed on, at minimum, an annual basis or more often as stated in legislation and/or the Care Standards for Nursing Homes 2015.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Patient assessments were updated as required by the Named Nurse in the time scale indicated. Discussions with nursing team at staff meetings reinforced the need to ensure compliance with the care standards on care planning. Further audits will ensure ongoing compliance is maintained.</p> |

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 44 Criteria (8)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that shower chairs in the home are effectively cleaned following each use.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Manager reinforced the need to comply with infection control measures in order to ensure equipment is maintained at a satisfactory standard of cleanliness. Audits will ensure this directive is followed.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2018</p> | <p>The registered person shall ensure that the identified patient's care plans are reviewed on a regular basis.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The auditing process will ensure compliance with the reviewing of patient's care plans.</p> |

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



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