The Beeches Professional & Therapeutic Services
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Aghalee
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Unannounced Care Inspection
of
The Beeches Professional & Therapeutic Services

4 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 4 August 2015 from 10.00 to 15.00 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**4**	**6**

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Carmel Nelson, who was available until 12.30 hours, Janette McGann, deputy sister and Diane Tregaskis-Sloan, company director, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: The Beeches Professional and Therapeutic Services Ltd	**Registered Manager:** Carmel Nelson
Person in Charge of the Home at the Time of Inspection: Carmel Nelson (until 12.30 hrs) Janette McGann (deputy sister) (from 12.30 hrs)	**Date Manager Registered:** 9 March 2007

Categories of Care: NH-LD, NH-LD(E) Associated Physical Disability under and over 65.	**Number of Registered Places:** 36
Number of Patients Accommodated on Day of Inspection: 34	**Weekly Tariff at Time of Inspection:** £600 - £1200

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager and deputy
- discussion with the company director
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector spoke with three patients and with others in groups, three care staff, two nursing staff and one ancillary staff member.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- plans for the proposed works to the home.

The following records were examined during the inspection:

- staff duty rotas
- staff training records for 2015
- a sample of staff competency and capability records
- a sample of staff induction records

- four patient care records
- records of complaints and compliments
- policies and procedures pertaining to the inspection focus
- incident and accident records
- care record audits
- regulation 29 monthly monitoring reports for 2015
- guidance for staff in relation to palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of The Beeches Professional & Therapeutic Services was an announced estates inspection on 9 June 2015. The completed Quality Improvement Plan (QIP) for this inspection was returned to RQIA on 30 July 2015. The registered provider confirmed in the completed QIP, that action had been taken to address the requirements. The estates inspector will continue to follow up the completion of these issues with the registered provider.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 27 (2) (b) (c) **Stated:** First time	The premises must be kept in a good state of repair and equipment provided kept in good working order. This is particularly in relation to the following: • Damaged doors and architraves • A rusted shower chair in one bathroom A rolling programme of repair / replacement should be undertaken.	**Partially Met**
	Action taken as confirmed during the inspection: Observation evidenced there were no rusted shower chairs in the bathrooms. However, it was disappointing to note that there had been no improvement to the significant damage to doors and architraves throughout the home. This was discussed with management who stated that this was to form part of the planned refurbishment works. Although there was evidence in the provider's monthly quality monitoring reports that this work was planned it was not included in a formal refurbishment plan. A review of a letter issued to patients/representatives evidenced the planned refurbishment, however timescales were not included.	

	This issue was also identified at the previous estates inspection on 9 June 2015 and the aligned estates inspector has been informed of the lack of progress. A separate recommendation has been made for the registered provider to confirm the planned timescales for completion of this work with the return of the QIP. The requirement has been partially met and the element concerning the doors and architraves will be stated for the second time.	
Requirement 2 **Ref**: Regulation 18 (2) (c) (j) **Stated:** First time	The registered person must ensure that bedroom furniture provided for patients is, repaired and / or replaced as necessary. The home must be kept free from offensive odours. This is particularly in relation to two identified toilets.	**Partially Met**
	Action taken as confirmed during the inspection: There were no malodours identified. However, there was no improvement in relation to the chipped and damaged furniture. This was discussed with management who stated that this was to form part of the refurbishment plan and there was further evidence of this in the monthly quality reports. However, as stated previously, there were no definite timescales specified for these works. The aligned estates inspector has been informed. As previously stated under requirement one, a separate recommendation has been made for the registered provider to confirm the planned timescales for completion of this work along with the return of the QIP. This requirement has been partially met and has been stated for the second time.	
Requirement 3 **Ref**: Regulation 13 (4) b **Stated:** First time	The registered manager must ensure that all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed.	**Not Met**
	Action taken as confirmed during the inspection: Tubs of thickening agent labelled for one patient were found in other patients' bedrooms.	

	These were, therefore, not individually labelled and provided to the patient for whom they were prescribed. This requirement has not been met and has been stated for the second time.	
Requirement 4 **Ref**: Regulation 14 (2) (c) **Stated:** First time	The registered provider must take measures to reduce risks to the health and safety of patients by ensuring that the treatment room door is kept locked when unattended. **Action taken as confirmed during the inspection**: The treatment room door was found to be held open by the magnetic door mechanism. The medicines trolley was found inside, open and with the keys in the lock. This was discussed with the registered manager. who confirmed that a coded key pad lock had been fitted to the treatment room door since the last inspection. The importance of locking this room was reinforced with the manager. This requirement has not been met and has been stated for the second time.	**Not Met**

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 35.1 **Stated:** First time	It is recommended that continence pads are stored in a manner which maintains this equipment safely, in accordance with manufacturers' instructions and to ensure effective infection prevention and control.	**Met**
	Action taken as confirmed during the inspection: Observation evidenced that continence pads were stored correctly in their packaging. This recommendation has been met.	
Recommendation 2 **Ref**: Standard 19.1 **Stated:** First time	A continence assessment should be developed and completed for any newly admitted patients and for existing patients whose continence needs change. This should include a bowel assessment.	**Partially Met**
	Action taken as confirmed during the inspection: A comprehensive continence assessment had been developed since the last inspection and included a bowel assessment. However, review of the care record of one recently admitted patient found that this had not been completed. This recommendation has been partially met and has been stated for the second time.	
Recommendation 3 **Ref**: Standard 19.2 **Stated:** First time	The registered person should ensure that the followir best practice guidelines are readily available to staff and used on a daily basis: • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence.	**Met**
	Action taken as confirmed during the inspection: The continence policy had recently been updated and this included reference to the guidelines above which could be accessed by staff on-line. Staff meeting minutes evidenced that staff had been made aware of this updated policy and guidance. This recommendation has been met.	

Recommendation 4 **Ref**: Standard 11.3 **Stated:** First time	Where a patient is assessed as "at risk" of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant professionals.	**Partially Met**
	Action taken as confirmed during the inspection: A standardised care plan had been developed for patients at risk of developing a pressure ulcer. In discussion with the registered manager it was agreed that this should be further developed to include frequency of repositioning and skin checks. A separate recommendation has been made in this regard. A review of care records found that two patients assessed as "high risk" had no care plan in place for the prevention and management of pressure ulcers. This recommendation has not been met and will be stated for the second time.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on effective communication. Regional guidelines on Breaking Bad News were available for staff in a resource file and on the staff notice board. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sample of training records evidenced that the majority of staff had completed training in relation to communicating effectively with patients and their families/representatives within the last year.

Is Care Effective? (Quality of Management)

Care records reflected patients' individual needs and wishes regarding end of life care, where appropriate. Records referenced patients' specific communication needs including cognitive and sensory impairment and any communication issues in relation to their learning disability. A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news and emphasised the importance of creating and sustaining effective professional relationships with patients and their representatives.

Is Care Compassionate? (Quality of Care)

Examples of good communication with patients' representatives were provided in discussion with staff and the registered manager. The registered manager informed the inspector that staff were required to be proactive in discussing any deterioration as early as possible with the family to enable effective care planning and treatment. The staff also stated that they were called upon to advocate for their clients and act in their best interests. For example, the registered manager had facilitated discussions between family and hospital staff in relation to frequent admissions to hospital and the impact of these on the patients.

Staff were very knowledgeable about the communication needs and methods used by their patients and were observed to be very adept at identifying and responding to their needs, particularly when verbal communication was not possible.

Many of the patients were unable to speak to the inspector but those who did were very positive about the home, the staff and the food provided. Relationships between patients and staff were observed to be very warm, relaxed and cordial. Staff were observed to be responding to their patients' needs promptly and in a very dignified manner.

The serving of breakfast was observed and there was a lively atmosphere in the dining room and all patients were being assisted as required.

A review of the compliments record found numerous letters and cards expressing thanks and appreciation to the staff.

Areas for Improvement

No requirements or recommendations were made.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of death and dying and terminal illness were available in the home. These policies were dated from 2012 and were therefore, not reflective of current best practice guidance such as the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013). They did include guidance on the management of the deceased person's belongings and personal effects. A recommendation has been made that the policy be updated to reflect the most current palliative care guidelines.

Training records evidenced that a number of registered nurses had attended recent training in palliative care and the dying patient hosted by the local Trust. Nursing and care staff were aware of, and able to demonstrate knowledge of the Gain Palliative Care Guidelines (2013).

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or that they were nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and discussion with staff confirmed their knowledge of the protocol. Nursing staff confirmed that their local GPs were very supportive and they were enabled to be proactive in addressing the needs of their patients at end of life. Any medication which could potentially be needed was prescribed should these be required out of hours.

Staff had received training on the use of syringe drivers and were well supported by the Trust's community nurses as required.

A palliative care link nurse had also been identified.

Is Care Effective? (Quality of Management)

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration, nutrition, pain management and symptom management.

There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements, where appropriate. There was evidence that the GP had carried out advanced care planning with patients and their representatives where this was appropriate. These discussions identified the patient's preferred place of care and their wishes concerning resuscitation and hospital admission. The registered manager stated that she would hold "best interests" meetings with patients and their representatives if there were any changes or deterioration in the patient's condition. This enabled good communication and proactive care planning.

A named nurse was identified for each patient approaching end of life. Staff confirmed that referrals could be made to the specialist palliative care team and their contact details were readily available on the staff notice board.

Discussion with the registered manager, staff and a review of care records evidenced that environmental factors had been considered as a patient neared end of life.

A review of notifications of death to RQIA during the previous inspection year found that these had been appropriately managed.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wished with the person. The staff stated that relatives were always made very welcome; particularly as a patient neared end of life. They stated that relatives were facilitated to stay overnight in the patient's room or the relatives' room. They were also offered regular beverages and meals. This was confirmed in a review of compliments letters sent by the relatives following the recent death of their loved one which commended the efforts of the staff.

Staff also stated that a number of their patients had no next of kin and that in this case additional staff were put on duty to ensure that staff could sit with the patient as they neared end of life. The registered manager stated that some staff even visited ill patients on their days off.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included the support of the care team and the management team.

Information regarding support services was available and accessible for staff, patients and their relatives including literature from Marie Curie. In addition, there were specific resources available for learning disability patients in the form of a DVD presentation on death and dying issues, should this be required.

Areas for Improvement

A recommendation has been made that the current death and dying policy be reviewed to include reference to best practice guidelines, such as, the GAIN Palliative care guidelines (2013).

Number of Requirements:	**0**	**Number of Recommendations:**	**1**

5.5 Additional Areas Examined

5.5.1. Comments of patients, patients' representatives and staff

Patients

The majority of patients were unable to communicate verbally but three patients spoke with the inspector. They confirmed that they were very happy in the home. Two of the patients told the inspector about recent activities and outings attended and how much they enjoyed these. One patient stated that they enjoyed the food provided. All the patients were observed to be very well presented and their clothing reflected their individual tastes and styles. No issues or concerns were raised.

Patient Representatives

No patients' representatives spoke with the inspector or completed questionnaires.

Staff

Questionnaires were issued to staff and nine were returned. Many of the staff spoken with had worked in the home for a number of years and stated that they enjoyed working there. The staff confirmed that they worked well as a team and were supported by their manager. No issues or concerns were raised. Comments included the following:

"Everyone working in the Beeches has the best interests and welfare of the residents in mind."
"The care provided by the staff is excellent."
"The family atmosphere and great team has helped this home go from strength to strength in developing and caring for its residents."

5.5.2. Environment

An inspection of the premises found items such as wipes, gloves and seating being stored in many of the bathrooms which is not in accordance with best practice in infection prevention and control. In discussion, the company director confirmed that there was an ongoing challenge with storage. A recommendation has been made in this regard.

Phase 1 of the programme of works was underway with the construction of a new lounge/conservatory area. Disruption to patients was being kept to a minimum and patients and their representatives had been sent a letter detailing the plans. The works were to have been completed by September 2015 but management confirmed that the work will continue for a longer time period due to unexpected delays. The company director explained that the work had been carefully planned to minimise the impact on the patients. A variation application and detailed plans have been submitted to RQIA as required.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carmel Nelson, registered manager, Janette McGann, deputy sister and Diane

Tregaskis-Sloan, company director as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 **Ref**: Regulation 27 (2) (b) **Stated:** Second time **To be Completed by:** 30 December 2015	The premises must be kept in a good state of repair and equipment provided kept in good working order. This is particularly in relation to the following: • Damaged doors and architraves A rolling programme of repair / replacement should be undertaken.
	Response by Registered Person(s) Detailing the Actions Taken: A rolling programme of repairs has been attached.
Requirement 2 **Ref:** Regulation 18 (2) (c) **Stated:** Second time **To be Completed by:** 30 December 2015	The registered person must ensure that bedroom furniture provided for patients is, repaired and / or replaced as necessary.
	Response by Registered Person(s) Detailing the Actions Taken: Work will be completed by the scheduled date.
Requirement 3 **Ref:** Regulation 13 (4) (b) **Stated:** Second time **To be Completed by:** 4 September 2015	The registered manager must ensure that all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed.
	Response by Registered Person(s) Detailing the Actions Taken: A memo has been issued to staff team and issue raised within team meeting forum.
Requirement 4 **Ref:** Regulation 14 (2) (c) **Stated:** Second time **To be Completed by:** 4 September 2015	The registered provider must take measures to reduce risks to the health and safety of patient by ensuring that the treatment room door is kept locked when unattended.
	Response by Registered Person(s) Detailing the Actions Taken: Nursing team reminded of the health and safety implications and reinforced by memo and discussed at team meetings. A notice has also been placed on the door as a reminder.

Recommendations	
Recommendation 1 **Ref**: Standard19.1 **Stated:** Second time **To be Completed by:** Ongoing from date of inspection	A continence assessment should be developed and completed for any newly admitted patients and for existing patients whose continence needs change. This should include a bowel assessment.
	Response by Registered Person(s) Detailing the Actions Taken: The continence assessment has been completed for newly admitted residents and other residents whose needs have changed.
Recommendation 2 **Ref**: Standard11.3 **Stated:** Second time **To be Completed by:** 4 September 2015	Where a patient is assessed as "at risk" of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant professionals.
	Response by Registered Person(s) Detailing the Actions Taken: This has been completed by the scheduled date.
Recommendation 3 **Ref**: Standard 46 **Stated:** First time **To be Completed by:** 4 September 2015	In order to minimise the risk of infection for staff, residents and visitors, items, such as wipes, gloves and seating, should not be stored in the bathrooms.
	Response by Registered Person(s) Detailing the Actions Taken: Staff team reminded of the infection control measures in place and reinforced via memo and in team meetings.
Recommendation 4 **Ref**: Standard 32 **Stated:** First time **To be Completed by:** 4 November 2015	The current death and dying policy should be reviewed to include reference to best practice guidelines, such as, the GAIN Palliative care guidelines (2013).
	Response by Registered Person(s) Detailing the Actions Taken: The policy on death and dying has been amended as recommended to include the GAIN Palliative Care guidelines (2013)
Recommendation 5 **Ref**: Standard 23 **Stated:** First time **To be Completed by:** 4 November 2015	The current care plan regarding pressure ulcer prevention and management should be further developed to include frequency of repositioning and skin checks in accordance with best practice guidelines.
	Response by Registered Person(s) Detailing the Actions Taken: This has been discussed at team meetings and will be implemented by the scheduled date.

Recommendation 6 **Ref**: Standard 44 **Stated:** First time **To be Completed by:** With the return of the QIP	A plan for the repair/replacement of damaged doors and architraves and patients' furniture, including timescales for the completion of these works, should be submitted to RQIA with the return of the QIP.
	Response by Registered Person(s) Detailing the Actions Taken: See attached

Registered Manager Completing QIP	Carmel Nelson	**Date Completed**	21-09-15
Registered Person Approving QIP	James Wilson	**Date Approved**	21-09-15
RQIA Inspector Assessing Response	Karen Scarlett	**Date Approved**	23/09/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address