



Unannounced Care Inspection Report 12 June 2018



Beechill

Type of Service: Nursing Home
Address: 12 Royal Lodge Road, Belfast, BT8 4UL
Tel no: 028 9040 2871
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 34 persons.

3.0 Service details

Organisation/Registered Provider: Four Season Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Mrs Priscilla Abrenica (Registration Pending)
Person in charge at the time of inspection: Mrs Pricilla Abrenica	Date manager registered: Registration Pending
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 34

4.0 Inspection summary

An unannounced inspection took place on 12 June 2018 from 09.20 to 17.15.

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 recruitment practice, staff training, accident management, the home's general environment, record keeping, teamwork and communication between residents, staff and other key stakeholders, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

An area requiring improvement under regulation was identified in relation to identified flooring in need of repair/replacement.

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 taking 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	0

Details of the Quality Improvement Plan (QIP) were discussed with Pricilla Abrenica, 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 16 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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.

A lay assessor was present during the inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with eight patients. In addition, the inspector met with five staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Ten questionnaires were also left in the home to obtain feedback from patients' representatives.

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 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 4 June 2018

- staff training records
- incident and accident records
- one staff recruitment and induction file
- four 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.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 January 2018

The most recent inspection of the home was an unannounced care inspection. The returned QIP was approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (1) (a) (2) (a) Stated: Second time	The registered person shall ensure that all patients are assessed on admission to the home in a timely manner and that these assessments are kept under review in accordance with legislation, care standards and professional guidance.	Met

	<p>Action taken as confirmed during the inspection: A review of three patient care records evidenced that assessments had been completed in a timely manner and reviewed appropriately.</p>	
<p>Area for improvement 2 Ref: Regulation 27 (2) (b) Stated: First time</p>	<p>The registered person shall ensure that the flooring in the two identified areas within the home is repaired/replaced to ensure the safety of persons using them and to allow for their effective cleaning.</p>	Met
	<p>Action taken as confirmed during the inspection: The flooring in the two identified areas had been repaired/replaced appropriately. However, a new area was identified during a review of the environment. See section 6.4 for further information.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 46 Stated: Second time</p>	<p>The registered provider should provide drying racks in the sluice rooms in keeping with the management of infection prevention and control.</p>	Met
	<p>Action taken as confirmed during the inspection: Drying racks had been provided within sluice rooms in the home.</p>	
<p>Area for improvement 2 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that the identified patient's plan of care is updated as required to ensure that the plans of care are reflective of current care provision.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the identified patient's care records evidenced that these had been updated to reflect current care provision.</p>	

Area for improvement 3 Ref: Standard 11 Stated: First time	The registered person shall ensure that the current provision of activities within the home is reviewed to enable patients to receive meaningful activity engagement.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff evidenced that this area for improvement is now met. See section 6.6 for further information.	

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 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 28 May 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 and patients' representatives evidenced that there were no concerns regarding staffing levels. One staff consulted was of the opinion that staffing arrangements did not meet with the 'increased assessed needs' of the patients. This was discussed with the manager who confirmed that they were currently discussing staffing arrangements with senior management in Four Seasons Healthcare to reflect the increased patient dependency level. Observation of the delivery of care, on the day of inspection, 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. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the 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). The manager confirmed that two staff recently employed had made an application to join the NISCC register.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. 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. The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. 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. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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. There was evidence of redecoration throughout the ground floor corridor. The manager confirmed plans for redecoration on the first floor corridor and in patient bedrooms. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with best practice in infection prevention and control had been well maintained. Isolated infection prevention and control issues were identified with the manager during the inspection who agreed to action as appropriate. The flooring in disrepair identified at the last care inspection had been repaired/replaced accordingly. However, it was disappointing to observe the flooring in a third area which was in disrepair and could not be effectively cleaned. This was discussed with the manager and identified as an area for improvement under regulation.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats. Restrictive practices were monitored on a monthly basis in the home.

Areas of good practice

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

Areas for improvement

An area was identified for improvement under regulation in relation to flooring in an identified area requiring repair/replacement.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of four 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 wound care. 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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. 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 confirmed that the staff nurse on duty would receive a handover from the night staff and would then relay any changes to the care staff coming on duty.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient 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 risk assessment, care planning, teamwork and communication between residents, staff and other key stakeholders.

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 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 09.20 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late 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. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

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.

The serving of lunch was observed in the dining room on the ground floor. The entrance door to the dining room was signposted. Lunch commenced at 13:00 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Potatoes, meat and vegetables were clearly distinguishable in puree meals. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. 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.

Discussion with staff and a review of records evidenced activities which were conducted in the home. Dedicated activity staff had been employed in the home. In addition, staff had been nominated on the duty rota to assist in the delivery of activities. Individual and group activities were recorded within patients' care records. The manager confirmed that relatives were encouraged to participate in planned entertainment. A notice was displayed at the entrance to the home advertising a planned garden party to be held on 23 June 2018. An activities programme board was on display in the home which was not reflective of the actual activities conducted. This was discussed with the manager who agreed to review this and action as appropriate.

A 'Quality of Life' feedback system was available at the reception area to obtain the views of patients, their representatives and staff on the running of the home. Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Dear all at Beechill. Thank you for your tender care of You showed her kindness, understanding and compassion and I thank you from the bottom of my heart."
- "Thank you for all the care and kindness that you showed my dad over the last few years."

- “Thank you for all the kind and attentive care you gave to ... during the years that he lived at Beechill. He was settled and content from the beginning.”

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Beechill was a positive experience.

Patient comments:

- “This is a very nice place here.”
- “I like this home.”
- “We can get scones in the morning. Food is excellent. Staff are excellent.”
- “Feel like part of the family.”

Two patient representatives were consulted during the inspection. Ten patient representative questionnaires were left for completion. Three were returned within the timeframe. Some patient representative comments were as follows:

- “The team of staff here are excellent. I can’t praise them enough.”
- “The staff care for patients as if they were their own family. There is love and affection shown here.”
- “Beechill has given my mother care of exceptional quality for nearly seven years. I can’t praise the comprehensive devotion of the staff too highly.”

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

- “We are his family and this is his home.”
- “I know all the clients and like the teamwork.”
- “I am happy working here.”
- “I like it here. Prefer to work in smaller homes.”
- “I’m very happy here. Confident working here.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

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 manager and staff, and observations confirmed that the home was operating within its registered categories of care. Further discussion with the manager evidenced that they were in the process of registering with RQIA.

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. The complaints procedure was displayed at the entrance to the home. We discussed the importance of maintaining records of all meetings during the complaints process.

Discussion with the 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, infection prevention and control practices, care records and restrictive practice.

Discussion with the 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 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 Pricilla Abrenica, 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 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 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2018</p>	<p>The registered person shall ensure that the flooring in the identified area within the home is repaired/replaced to ensure the safety of persons using them and to allow for their effective cleaning.</p> <p>Ref: Sections 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: This has been addressed. The flooring in the two identified areas has been repaired and replaced. Staff to be more observant when doing the daily walkabout audit and domestic staff to report to the Manager or Nurse in Charge if they notice any infection control, health and safety issues.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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