



The Regulation and
Quality Improvement
Authority

Beechill
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**Unannounced Care Inspection
of
Beechill**

14 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 14 January 2016 from 09.35 to 15.30. The focus of this inspection was continence management which was underpinned by selected criterion from DHSSPS Care Standards for Nursing Homes, April 2015:

Standard 4: Individualised Care and Support
 Standard 6: Privacy, dignity and Personal Care
 Standard 21: Health Care
 Standard 39: Staff training and development

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. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

There were no further actions required to be taken following the last care inspection on 8 July 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	0	7

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Peripatetic Manager, Stella Law, and the Deputy Manager, Margaret Janusz, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	Registered Manager: See below
Person in Charge of the Home at the Time of Inspection: Stella Law – Peripatetic Manager	Date Manager Registered: Registered manager position is vacant. RQIA have been notified that peripatetic manager, Stella Law, is covering managerial responsibilities.
Categories of Care: NH-DE	Number of Registered Places: 34
Number of Patients Accommodated on Day of Inspection: 29	Weekly Tariff at Time of Inspection: £593 - £618

3. Inspection Focus

The inspection sought to assess and to determine if the selected criteria from the following standards in relation to continence management have been met:

- Standard 4: Individualised Care and Support, criterion 8**
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criterion 4

4. Methods/Process

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

- discussion with the peripatetic and deputy manager
- discussion with patients
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with 19 patients individually, three care staff, one ancillary staff member and two registered nursing staff.

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

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- staff induction templates for registered nurses and care assistants
- competency and capability assessments for the nurse in charge
- four care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- infection prevention and control audits
- regulation 29, monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 15 October 2015. No Requirements or Recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 8 July 2015

No Requirements or Recommendations were made during this inspection.

5.3 Continence Management

Is Care Safe? (Quality of Life)

Policy and procedures reviewed during the inspection regarding the management of continence were outside the recommended three yearly review. The Four Seasons Health Care policy on Promotion of Continence and Management of Incontinence, had been updated October 2015. This was sent via email post inspection to RQIA. The manager gave assurances that staff would be made aware of the policy. A signature sheet had been provided to evidence staff who have read the policy and the date it was read.

Guidance documentation on continence management was available in the home for staff to refer too and take direction from.

Information sent post inspection to RQIA and discussion with staff and the peripatetic manager confirmed that commendably all staff had received training on continence management.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with the peripatetic manager and staff confirmed that four registered nurses had been trained and deemed competent in urinary catheterisation. The peripatetic manager had identified an additional two registered nurses who had received training in urinary catheterisation though required competencies to be completed.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A staff member has been identified to take the role of continence link nurse for the home and training for this continence link nurse had been identified to take place on 28 January 2016.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. However, the specific type of continence product assessed to meet the need of the patient was not recorded as part of the continence assessment or any associated assessment. A recommendation was made.

Braden and Malnutrition Universal Screening Tool (MUST) risk assessments had been completed and consistently reviewed on a monthly basis within all four patient care records.

Four continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

However, continence care plans for two patients combined continence management with catheter management. A recommendation has been made where a patient requires a catheter to maintain continence; this should be reflected through separate care plans for catheter management and continence management.

Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool Score. Bowel assessments were in place to adequately direct staff.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

Is Care Compassionate? (Quality of Care)

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

The specific continence product required to meet the needs of the patient should be identified on the continence assessment and in the continence care plan.

Patients who require a catheter to maintain continence should have a catheter management care plan and a continence management care plan within their care records to direct care.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

5.4.1. Consultation with Patients, Representatives and Staff

During the inspection process, 19 patients and six staff were consulted with to ascertain their personal view of life in Beechill Nursing Home. The feedback from the patients and staff indicated that safe, effective and compassionate care was being delivered in Beechill Nursing Home.

Some patients' comments received are detailed below:

"It's very nice. We're well taken care of here."

"It's very comfortable."

"I like it here."

No patient representatives were available for consultation on the day of inspection.

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:

"I like it here. It's very homelike."

"It's very good here. I really like it."

"I really like it here."

5.4.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- identified crash mat and chair ripped
- rusting commode chair in use
- unidentified shower gels in shower room
- unlaminated signage
- no provision for hand hygiene in dining area
- uncovered pull cords
- personal protective equipment in corridors not replenished when empty

The above issues were discussed with the peripatetic manager and the deputy manager on the day of inspection. An assurance was provided by the peripatetic manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

5.4.3. Meals and Mealtimes

The mealtime experience for patients appeared to be a pleasant one. Staff supervised the mealtime and were observed to be encouraging and assisting patients with their meals appropriately. However, one patient was served a meal and was observed to wait for 10 minutes before a member of staff was free to assist them. This was highlighted to the peripatetic manager and the patient was assisted with a warm meal. A recommendation was made for meals only to be served to patients when staff are free to assist the patients with their meals. Patients were observed to be wearing appropriate clothing protectors. Patients were offered a choice of meal and drinks and food transferred to patients' rooms was covered on transfer. The food was well presented and looked nutritious. The chef was very knowledgeable on each patient's dietary requirements.

As some patients within the home had been assessed as having a swallowing difficulty, staff were consulted with regards to the training they had received in relation to this. Three staff identified they had not received training in assisting patients who have a swallowing difficulty. This was discussed with the peripatetic manager and a recommendation was made to ensure any staff involved in assisting patients with swallowing difficulties would first have had training and deemed competent to do so.

5.4.4. Documentation

A review of four patient repositioning charts evidenced skin checks had been indicated by way of a tick (√). There was no qualitative comment beside the tick to indicate the patient's skin condition or the area of the body which had been checked at that time. This was discussed with the peripatetic manager and the deputy manager and a recommendation was made for a more robust system of evidencing accurate skin checks at the time of repositioning to be developed.

5.4.5. Quality assurance

The regulation 29 monitoring reports were available for inspection and had been completed on a monthly basis. However, they did not evidence which patients were consulted on their views. This was discussed with the peripatetic manager and deputy manager during feedback and it was agreed future reports should use unique identifiers to identify patients consulted. A recommendation was made.

Areas for Improvement

Management systems are put in place to ensure compliance with best practice in infection prevention and control.

Meals should only be served to patients who require assistance with their meal, when staff are available to provide the assistance required.

Staff assisting patients, who have a swallowing difficulty, with meals must first have had training and deemed competent in doing so safely.

Recording of skin checks in repositioning charts must be accurate and reflect the actual skin condition at the time of checking.

Patients consulted during the monthly monitoring regulation 29 visits carried out by the registered person should be referred to by their unique identifier.

Number of Requirements:	0	Number of Recommendations:	5
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Peripatetic Manager, Stella Law, and the Deputy Manager, Margaret Janusz, 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that patients' continence assessments are fully completed and include the specific continence products required by the patient.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All patients' continence assessments have been fully completed and appropriate continence products are now being used by the patients.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4 Criteria (8)</p> <p>Stated: First time</p> <p>To be Completed by: 29 February 2016</p>	<p>The registered person should ensure that a continence care plan has been completed for all patients who require continence management.</p> <p>Where the patient has a urethral catheter insitu, a separate care plan must be created for catheter management.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All patients' continence care plans have been completed; a separate care plan has been created for the patient with catheter management.</p>
<p>Recommendation 3</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.4.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Infection control audits are in place to ensure compliance and best practice in the home. Particular areas which were identified- actions have been taken.</p>

Recommendation 4 Ref: Standard 12 Criteria (6) (15) (22) Stated: First time To be Completed by: 29 February 2016	The registered person should ensure that meals are plated for patients requiring assistance with their meals only when the assistant is available to provide the required assistance. Ref: Section 5.4.3		
	Response by Registered Person(s) Detailing the Actions Taken: This has been actioned- no meal will be served to a patient who needs assistance when staff are not free to assist them. Resident dining experience training is scheduled for all staff.		
Recommendation 5 Ref: Standard 12 Criteria (9) Stated: First time To be Completed by: 31 March 2016	The responsible person should ensure that where a patient has a swallowing difficulty, staff assisting this patient with their meals are trained and deemed competent to do so. Ref: Section 5.4.3		
	Response by Registered Person(s) Detailing the Actions Taken: All care staff assisting patients with their meals have been trained and deemed competent.		
Recommendation 6 Ref: Standard 4 Criteria (9) Stated: First time To be Completed by: 29 February 2016	It is recommended that repositioning charts should contain documented evidence for skin inspection of pressure areas has been undertaken at the time of each repositioning. Ref: Section 5.4.4		
	Response by Registered Person(s) Detailing the Actions Taken: Accurate skin checks/inspection of pressure areas and repositioning are documented every time each repositioning is carried out by the care staff.		
Recommendation 7 Ref: Standard 35 Criteria (7) Stated: First time To be Completed by: 29 February 2016	It is recommended that regulation 29 monthly monitoring report is further developed to include unique identifiers of patients consulted. Ref: Section 5.4.5		
	Response by Registered Person(s) Detailing the Actions Taken: All patients consulted have their each unique identifier code recorded on the Regulation 29 monitoring report.		
Registered Manager Completing QIP	Rosendo Soriano	Date Completed	04.03.2016
Registered Person Approving QIP	Dr Claire Royston	Date Approved	07.03.16
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	11.03.2016

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