



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

<b>Name of Establishment:</b>	<b>The Beeches Professional &amp; Therapeutic Services</b>
<b>Establishment ID No:</b>	<b>1057</b>
<b>Date of Inspection:</b>	<b>3 June 2014</b>
<b>Inspector's Name:</b>	<b>Lorraine O'Donnell</b>
<b>Inspection ID:</b>	<b>18379</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**General Information**

<b>Name of Home:</b>	The Beeches Professional & Therapeutic Services
<b>Address:</b>	9-11 Lurgan Road Aghalee BT67 0DD
<b>Telephone Number:</b>	028 92652233
<b>E mail Address:</b>	james@thebeechesltd.com
<b>Registered Organisation/ Registered Provider:</b>	Mr James Brian Wilson
<b>Registered Manager:</b>	Mrs Carmel Nelson
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Carmel Nelson
<b>Categories of Care:</b>	NH-LD ,NH-LD(E)
<b>Number of Registered Places:</b>	36
<b>Number of Patients Accommodated on Day of Inspection:</b>	35
<b>Scale of Charges (per week):</b>	£590:00
<b>Date and Type of Previous Inspection:</b>	6 December 2013, Primary unannounced inspection
<b>Date and Time of Inspection:</b>	3 June 2014 2.45 pm - 4.30 pm
<b>Name of Inspector:</b>	Lorraine O'Donnell

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### 1.2 Methods/Process

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

- Discussion with Registered Provider
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

The Beeches Professional and Therapeutic Services is a private nursing home situated in the very pleasant rural area of Aghalee.

The home is situated on the Ballinderry to Aghagallon Road and is accessible to both public and private transport. It is also convenient to local shops, churches and community groups. The home is a thirty six bedded purpose-built building which provides accommodation and services over two floors. One bedroom in the home is allocated for the provision of respite care.

The home is registered to accommodate adults who have learning disabilities.

The layout of the building is designed to suit the needs of people with learning disabilities. Areas have been created to allow for small group living. There are three lounges and a large dining room on the ground floor. The communal areas were pleasantly furnished. Bedrooms were also maintained to a satisfactory standard with evidence of personal preferences regarding furnishings and decor throughout

The inspector reviewed the Certificate of Registration issued by The Regulation and Quality Improvement Authority (RQIA). It was appropriately displayed in the entrance hall of the home.

The home is currently registered to provide care under the following categories:

### Nursing Care

NH-LD: Patients with a learning disability under pension age

NH-LD (E): Patients with a learning disability over pension age

### 3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to The Beeches Professional and Therapeutic Services. The inspection was undertaken by Lorraine O'Donnell on 3 June 2014 from 2.45 pm to 4.30 pm.

The inspector was welcomed into the home by Mrs Carmel Nelson, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Carmel Nelson at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and one relative. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 6 December 2014 five recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that the five recommendations had been fully complied with. Details can be viewed in the section immediately following this summary.

### Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. The inspector spoke with staff who demonstrated a good knowledge of their responsibilities in relation to the safeguarding of vulnerable adults. The patients spoken to stated they were "very happy" living in The Beeches.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to the provision of modesty curtains around wash hand basins in shared rooms and the ease of access to the resuscitation equipment.

Therefore one requirement and one recommendation are made. The requirement and recommendation are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, relative, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

#### 4.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	30.9	The registered manager should review the procedure for the provision of staff meetings to ensure and validate that staff unable to attend have access to meeting minutes and are provided with copies of any documents shared during meetings.	The inspector examined records of staff meetings held by the registered manager for all staff groups. These meetings were held at a variety of times to facilitate maximum attendance. The records examined indicated poor attendance of care worker to staff meetings. As a result the registered manager issued copies of the minutes to the staff. The staff dated and signed a record sheet confirming they had received the minutes of the meeting.	Compliant
2.	25.2	A policy and procedure should be developed which outlines the purpose, content and process of the Regulation 29 unannounced visits and be reflective of the statutory requirements contained therein.	This policy had been rewritten and it outlined the purpose and content required for the Regulation 29 visits.  The inspector examined the records of three of these visits and found them to comply with the statutory requirements.	Compliant
3.	25.6	The registered person should ensure that patients and their representatives are made aware of the availability of the Regulation 29 monthly monitoring report.	The registered manager has displayed on the noticeboard near the reception area a notice informing patients and their representatives of the availability of the Regulation 29 monthly monitoring reports.	Compliant



4.	16.1	The Safeguarding Vulnerable Adult policy and associated procedures should be further developed to provide relevant contact details for onward referral.	The inspector examined this policy and found it had been updated to include names of the HSC Trusts Link person and their contact details. It also included guidance for staff relating to the notification process to RQIA.	Compliant
5.	11.2	The policy on pressure sores should be further developed to include the EPUAP classification grading system and the notification procedure where a patient has a pressure ulcer of Grade 2 or above.	The inspector found this policy had been updated to include the EPUAP classification grading system and information on the notification procedure where a patient has a pressure ulcer grade 2 or above.	Compliant

## 4.1 Additional Areas Examined

### **General environment.**

The inspector was able as part of the inspection process to examine the environment and facilities. Communal bathrooms, toilets, lounges, dining areas and a random sample of patients' bedrooms throughout the home were examined.

The bedrooms were well presented and homely, however the shared bedrooms did not provide modesty curtains around wash hand basins. Therefore a requirement is made.

The resuscitation equipment was found to be stored in a cupboard in the clinical room; this cupboard appeared cluttered and therefore may cause a delay when accessing this equipment. Therefore a recommendation is made.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carmel Nelson, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Lorraine O'Donnell  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



## Quality Improvement Plan

### Unannounced Secondary Inspection

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3 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Carmel Nelson, the registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2005**

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	18(2)(c)	<p>The bedrooms of those patients sharing should be fitted with modesty curtains around wash hand basins to facilitate privacy.</p> <p><b>Ref section 4.1</b></p>	One	Action will be taken to complete this task before the identified time scale.	3 September 2014

**Recommendations**

**These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	20.2	Resuscitation equipment must be readily accessible.  <b>Ref: Additional areas examined 4.1</b>	One	Action has been taken to make the emergency equipment more accessible.	Immediately from date of inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

<b>Name of Registered Manager Completing Qip</b>	Carmel Nelson
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	James Wilson

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	L O'Donnell	14/8/14
Further information requested from provider			