

Unannounced Care Inspection Report 11 March 2021



The Beeches Professional & Therapeutic Services

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 41 persons who have a learning disability.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: James Brian Wilson	Registered Manager and date registered: Carmel Nelson – 09 March 2007
Person in charge at the time of inspection: Carmel Nelson	Number of registered places: 41 Associated PD under and over 65.
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 34

4.0 Inspection summary

An unannounced inspection took place on 11 March 2021 from 09.30 to 17.10 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Carmel Nelson, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. None were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. We received no feedback.

The following records were examined during the inspection:

- duty rota for week commencing 1 March 2021
- staff training records
- a selection of quality assurance audits
- incident and accident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints / compliments records
- menu
- activities programme
- RQIA certificate
- three patients' care records.

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

The findings of the inspection were provided to the persons in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 January 2020.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Criteria (1) Stated: Second time	The registered person shall consider the use of signage in the home to promote way finding.	Met
	Action taken as confirmed during the inspection: Requested signage had been delivered to the home. Installation of the signage had been delayed due to the COVID – 19 pandemic. Pictures sent to RQIA following the inspection confirmed that the signage was now in place.	

6.2 Inspection findings

Staffing

On the day of inspection 34 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 1 March 2021. The nurse in charge of the home on day duty and on night duty signed the duty rota daily to evidence actual hours worked. On call management arrangements were included on the rota. There was evidence of managerial oversight to confirm the hours worked.

Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Patients spoke positively on the care that they received. One told us, "The staff are very nice here."

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Training had been provided in a variety of ways; face to face taking social distancing into consideration, electronic learning and through remote teaching via video link. The manager confirmed that in-house trainers provided training on patient moving and handling, fire safety and infection prevention and control. Compliance with mandatory training was monitored on a colour coded training matrix by the homes management

on a monthly basis. The majority of staff were compliant with training requirements. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

A system was in place to ensure that staff received an annual appraisal and at minimum two recorded supervisions throughout 2021. Staff had been allocated to four key staff responsible for conducting staffs' supervisions and appraisals. Completion dates had been recorded where applicable.

There was evidence of a recent staff meetings having been conducted. Minutes of the meeting were available and included discussions and decisions made. Staff who were unable to attend meetings would read, sign and date the available minutes as evidence of reading. There were separate meetings scheduled for registered nurses, senior care assistants, care assistants, domestic staff and kitchen staff.

Staff spoke positively in relation to the teamwork in the home. One commented, "It's brilliant, everyone helps each other out." Another told us, "It's great, we all get on very well as a team." Staff were observed to communicate well with each other during the inspection.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. One patient told us, "They are really good to us here. Staff are good craic." Another commented, "I like it here; staff are very nice." Patients who could not verbally communicate appeared relaxed and comfortable in their surroundings. Patients which we encountered were well presented in their appearance. Staff were aware of patients' needs and requirements.

A dedicated activities coordinator was employed to coordinate activities in the home. A programme of activities was available for review and included arts and crafts, sensory activities, health and beauty, communication, music, gardening, education, leisure and tuck shop role play. Activities were conducted indoors and outdoors weather permitting and taking social distancing into consideration. Each patient had a day care plan and assessment of activities in their care records. An individual patient record was maintained daily recording activities each patient was involved in or offered to them. The home was involved in a Northern Ireland wide 'bochia' tournament which runs from January to March 2021 and part of 'Disability Sports'. Competitors' scores were emailed to a central location for ranking and prizes will be awarded at the end of the competition for different areas of achievement. 'Keeping in touch' letters were sent to patients' next of kin on a monthly basis with individual letters, pictures and descriptions of activity involvement unique to each patient. Relatives were also informed of how to log onto a weekly blog online where they could see updated activities pictures which patients had consented to be shown. There were letters, pictures and cards which had been shared with patients from local school, nursery and girl guides. A multi-sensory room was available for patients to relax or reminisce.

An up to date visiting policy was in place and an indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Visitors were required to have temperature and COVID – 19 symptom checks, perform hand hygiene and wear a facemask before entering the visiting room. The visiting room was decontaminated between visits.

The manager confirmed that they would normally communicate any change with residents' relatives via the telephone or during meetings with them when they came to visit loved ones or leave items for them.

The manager confirmed that they were open to the care partner arrangements in keeping with Department of health guidance but so far the home had not received any requests from patients or their representatives to progress with the role. Care partner arrangements had been incorporated into the visiting policy.

During the inspection we reviewed the lunchtime meal experience. Patients dined in the dining room or their own preferred dining area. Social distancing was promoted in the dining area and in another large seating area where some patients received their meal. We saw staff engage positively with patients when assisting them with meals. Food was served from an attended heated trolley which had been plugged in to maintain the heat of the food. The chef plated food in the dining room. Food served appeared nutritious and appetising. Staff discussed the lunchtime meal options with patients at breakfast time. Staff were aware of patients' likes and dislikes and alternatives to food served were made available for patients where requested. Staff were knowledgeable in relation to patients' nutritional requirements. Drinks were served with meals. Patients told us, "The food here is nice."

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'Just a note to say thank you so much for sending the 'keeping in touch with ... newsletters. It has been a great comfort to know that ... is in such caring hands in these difficult times.'
- 'You are all doing a great job under very difficult circumstances and deserve the greatest credit. Well done and a thousand thanks to you all.'
- 'I just wanted to drop you all a line to pass on best wishes through these difficult times and in particular to thank you for your continued help, support and friendship for ... as we all continue to battle through.'

During the inspection we consulted with nine staff. Staff consulted confirmed:

- 'I love it here. There is a high standard of care delivered. The home is organised.'
- 'I love it here. We are all part of a family.'
- 'This is a great home to be working in.'

Care records

We reviewed three patients nutritional care records during the inspection. Nutritional assessments were completed monthly to assess for weight loss or weight gain. Person centred nutritional care plans were in place identifying nutritional requirements such as the consistency levels of food and fluids required, supervision needs, supplements required, food fortification requirements and specific dietary needs, for example, diabetic management. Care plans were reviewed monthly and incorporated recommendations from other healthcare professionals such as dieticians and/or speech and language therapists. Supplementary food and fluid intake charts were maintained contemporaneously to monitor intake.

Where patients were externally fed, a clear feeding regime was available for review. Daily care records reflected when flushes were given via the percutaneous endoscopic gastrostomy (PEG) tube and reflected care of the PEG tubes. Bowel management was recorded daily utilising the

Bristol Stool Scores and daily fluid balance was monitored. Care plans included contact details of the specialist community nurse in case of any difficulties encountered with the PEG tube. Staff in the home had received training on replacing the PEG tube. There was evidence within the records of dietetic review of the feeding regime.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask, perform hand hygiene, and have our temperature checked. Hand hygiene was available at the entrance to the home. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE. Staff were observed wearing PPE correctly during the inspection. A recent PPE compliance audit had been conducted to ensure good practice.

When staff presented to the home they went to an identified changing area. Staffs' temperatures were checked and symptoms checked. Staff would log into the home, change into uniforms, sanitise their hands and put on PPE before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. Patients' temperatures were checked twice a day as a means to detect if any were developing symptoms. The majority of staff and patients in the home had received the second dose of a COVID – 19 vaccine.

Staff confirmed that training on IPC measures and the use of PPE had been provided. Infection prevention and control audits had been conducted monthly incorporating hand hygiene. Audits included action plans where shortfalls were identified and evidenced a review of the action plans to ensure completion. We observed staff performing good hand hygiene practices during the inspection. All staff were bare below the elbow and not wearing any wrist jewellery which would inhibit effective hand hygiene. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. The frequency of the cleaning of touchpoints had increased.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms had been personalised with their own belongings. Corridors and stairwells were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of obstruction. Chairs and tables in the dining area and living area had been adequately spaced to allow for social distancing. Doors leading to rooms which may contain potential hazards to patients had been appropriately locked when not in use. The home was clean, warm and tidy. There were no malodours detected in the home. Compliance with IPC measures had been well maintained. Isolated areas were managed during the inspection.

There was a large enclosed garden area to the rear of the home offering a covered area and open areas for patients to sit and enjoy the outdoors. A walkway was available under a pergola which incorporated flowering beds at each side. The external garden area had been maintained well and was tidy and attractive.

The manager confirmed that they were in the process of replacing the existing nurse call system in the home. All bedrooms would be receiving additional electrical plug sockets and new recess lighting.

Leadership and governance

There was a clear organisational structure in the home. Since the last inspection there had been no change in the management arrangements. The RQIA certificate of registration was displayed appropriately reflecting the management arrangements. The manager confirmed that they were currently recruiting for an additional deputy manager to assist in the running of the nursing home.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. The number of accidents in the home was low with only two occurring in recent months.

We reviewed the care record audits. Each patient had a named nurse responsible for updating care records. Auditing records, which identified deficits, included the proposed actions required, date discussed with the named nurse, date resolved and this was then signed and dated by the auditor and the nurse responsible for completing the actions.

A complaints file was available for review. The manager confirmed that there were no recent or ongoing complaints relating to the home.

A system was in place to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council and care workers with the Northern Ireland Social Care Council.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management. Staff confirmed that they would not have any issues in raising any concerns with the home's management and that the home's management had been responsive to any concerns raised in the past.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The atmosphere in the home was relaxed throughout the inspection. Staff were observed attending to patients needs in a caring and compassionate manner. Patients have commented positively on the care that they received and were well presented in their appearance. Patients who could not communicate verbally appeared relaxed and comfortable in their surroundings. Care records reviewed had been maintained well and reflected the care provided to patients. Compliance with IPC had been well maintained. Staff had received IPC training and training in the use of PPE. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Twitter @RQIANews