

Inspection Report

5 October 2023



The Beeches Professional & Therapeutic Services

Type of Service: Nursing Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: Mr James Brian Wilson	Registered Manager: Mrs Janette McGann Date registered: Not registered
Person in charge at the time of inspection: Mrs Janette McGann, Manager	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: 33
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 41 patients who have a learning disability. Patients' bedrooms are accommodated over two floors and patients have access to communal day spaces, the dining room and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2023 from 10.00 am to 5.30 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

Three areas for improvement have been identified regarding repositioning records, infection prevention and control (IPC) and monthly monitoring reports.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, patients' representatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Janette McGann, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients, patients' relatives and staff spoken with provided positive feedback about The Beeches Professional & Therapeutic Services. Patients advised that they felt well cared for, enjoyed the food and that staff were nice. Staff confirmed there is enough staff on duty to meet patients' needs. Staff further reported that the manager was approachable and that they felt well supported in their role.

Patients' relatives stated they were very satisfied with the care provided by staff and the management. They confirmed that they had no issues or concerns with the staff, staffing levels or the manager and were confident any issues raised would be addressed.

Patients' relatives spoken with commented: "We're glad she's here and we couldn't fault the staff or the manager. They are second to none as they really care about the patients and love them. We are always made welcome."

Following the inspection nine completed patient/relative questionnaires were returned to RQIA indicating they were very satisfied that the care provided was safe, staff are kind, care is good and the home is well organised. One returned questionnaire contained a negative comment regarding staff. This was shared with the Manager. No staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

The following comments were recorded:

"Thanks to all the staff for all the love, care and attention given to ... She was very happy whilst in your care." And "He's so happy."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The most recent inspection was undertaken by the pharmacist inspector on 11 September 2023. The inspection resulted in no new areas for improvement being identified.

Three areas for improvement identified at a previous care inspection were carried forward and reviewed during this inspection. They have been validated as met.

Areas for improvement from the last inspection on 11 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is possible. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that wound care is managed and recorded in line with best practice guidance. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: Second time	The registered person shall review the frequency in which patients' pressure management risk assessments are completed to ensure the safe and effective monitoring of patients' skin. Ref: 5.1 and 5.2.2	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager advised that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. 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. Review of the staff training and development plan for 2023 evidenced that staff had attended training regarding adult safeguarding, first aid, moving and handling, dysphagia awareness, food safety, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Records showed that staff had received training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) level 2. The in-house trainer confirmed that staff with overseeing responsibility had completed (DoLS) level 3 training.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mr James Brian Wilson, Responsible Individual, was identified as the appointed safeguarding champion for the home.

Staff stated that they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding wounds, skin integrity and risk of falls were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Supplementary charts for patients who require to be assisted by staff to reposition for pressure relief did not evidence that patients were assisted to change their position in accordance with the frequency identified in their care plan. On occasion when two staff were required to attend to patients to assist them to reposition, it was noted that only one signature was recorded. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Patients were observed to be offered a selection of drinks, fresh fruit, yoghurt, scones and biscuits from the mid-morning tea trolley by staff.

We observed the serving of the lunchtime meal in the dining room. The daily menu was displayed showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

The cook told us all food including scones and shortbread is home cooked. Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

It was noted that products used for personal care, that had the potential to be shared communally were stored in identified bathrooms. This was discussed with the manager who advised she would address the issue. An area for improvement was identified.

Equipment used by patients such as wheelchairs and hoists were observed to be effectively cleaned.

Treatment rooms and the cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Records showed that regular fire drills had been undertaken by staff at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was

displayed in the main sitting room advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as reflexology, gardening, music workshops, interactive story time, Halloween pumpkin carving, arts and crafts. Before lunch patients were observed to enjoy painting with staff as part of the art, engagement and wellness programme.

Records reviewed evidenced they were detailed and well documented to reflect the planned activities attended. Comments recorded showed that patients enjoyed the activities they attended.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Discussion with staff and patients' representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

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 care plans and falls.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. Not all reports requested were available to view. Reports viewed did not evidence that the previous action plan had been reviewed and the name and signature of the person completing the report was not recorded. These reports should be made available for review by patients, their representatives, the Trust and RQIA. This was discussed with the manager and an area for improvement was identified.

Review of the complaints book evidenced that systems were in place to ensure that complaints were managed appropriately. Patients' relatives said that they knew who to approach if they had a complaint.

Records confirmed that patient and staff meetings were held on a regular basis. Minutes of these meetings were available. The manager confirmed that a relatives' meeting has been scheduled for the near future.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

A staff member commented: "I love working here. The manager is visible in the home, knows the patients well and is always around."

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janette McGann, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure toiletries that have the potential to be shared are not stored in communal bathrooms.</p> <p>Response by registered person detailing the actions taken: All staff informed of issue and checks made to ensure no toiletries are left in bathrooms by staff or residents.</p>
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that registered provider visits are made available on request to representatives of RQIA; that evidence is recorded of previous action plan review and the name and signature of the person completing the visit is recorded on the report.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Discussion with representative carrying out provider reports to ensure the forms are completed on site, signed and dated. Actions will be recorded on forms.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that supplementary repositioning records are completed in a contemporaneous and comprehensive manner at all times and that two staff signatures are recorded for patients who require two staff to reposition; nursing records should also evidence meaningful evaluation of this care by nursing staff.</p> <p>Response by registered person detailing the actions taken: Staff have been retrained and educated in recording repositioning charts and these are audited by staff nurses.</p>

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