

Unannounced Care Inspection Report 15 August 2017



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.

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 36 persons.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: Mr James Wilson	Registered Manager: Mrs Carmel Nelson
Person in charge at the time of inspection: Mrs Carmel Nelson	Date manager registered: 9 March 2007
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. Associated PD under and over 65	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 15 August 2017 from 09.30 to 16.30 hours.

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 staffing and recruitment, training and development, the environment, governance arrangements and the culture and ethos of the home in respect of dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

An area requiring improvement under standards was identified in relation to the management of patients following a fall and stated for a second time.

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.

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	*1

*This area for improvement has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Carmel Nelson, Registered Manager, and James Wilson, Registered Individual, 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 12 October 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 12 October 2016. 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

During the inspection the inspector met with 10 patients, eight staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 7 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' supplementary care records in relation to food and fluid intake, bowel management and repositioning
- complaints record
- minutes of staff meetings
- minutes of patients' meetings
- a selection of audit records
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 12 October 2016

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 13 (1) (b) Stated: First time	The registered person must ensure where a patient is assessed as “at risk” of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual’s needs and comfort is drawn up and agreed with relevant professionals.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that this area for improvement has now been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that compliance with infection prevention and control (IPC) best practice standards had been achieved.	
Area for improvement 3 Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K) Stated: First time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	Met
	Action taken as confirmed during the inspection: There were no patients receiving wound management on the day of inspection. Discussion with the registered manager confirmed the arrangements in place for wound management.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: First time	The registered person should ensure that post falls management is conducted in accordance with best practice guidance.	Not met
	Action taken as confirmed during the inspection: A review of accident records evidenced that this area for improvement has not been met. See section 6.4 for further information. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 46 Criteria (1) (2) Stated: First time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.	Met
	Action taken as confirmed during the inspection: Robust systems were in place to ensure compliance with infection prevention and control in the home.	
Area for improvement 3 Ref: Standard 22 Stated: First time	The registered provider should ensure that all patients have a falls risk assessment completed and reviewed monthly or following a fall. All new patients should have this assessment completed within 24 hours of admission and reviewed accordingly.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced this area for improvement has been met.	
Area for improvement 4 Ref: Standard 18 Criteria (1) Stated: First time	The registered person should ensure that a recognised bedrails assessment is conducted on all patients within the home where the use of bedrails is considered.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced this area for improvement has been met.	

Area for improvement 5 Ref: Standard 21 Criteria (11) Stated: First time	The registered person should ensure that assessments are used to inform care plans in accordance with the nursing process and professional guidance. Copies of assessments conducted should be maintained within patient care records. This is specifically in relation to all patients' continence assessments.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that a continence assessment had been completed which informed the patients' care plans.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person should ensure that any planned actions to address identified shortfalls within audits are reviewed and verified by a nominated person.	Met
	Action taken as confirmed during the inspection: A review of the infection prevention and control audit evidenced that this area for improvement has now been met.	

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 7 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Discussion with staff confirmed that they were encouraged by the home's management to suggest additional training which would enable them to meet the assessed needs of patients. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and had attended training pertaining to the role.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. However, a review of accident records evidenced that three unwitnessed falls had occurred where the patients could have potentially sustained a head injury; neurological observations were not evidenced within the accident records of two patients following the accidents. Neurological observations were taken at the time of the third accident. However, there was no evidence of any further neurological observation checks to monitor the patient following the accident. This was discussed with the registered manager and an area for improvement identified on the previous inspection was stated for a second time.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients' representatives spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control had been achieved.

Ongoing building works were in progress within and around the home. The building works were in progress to facilitate an increase to the number of patients accommodated in the home. The responsible individual described how disruption to the patients, due to the building works, was kept to a minimum. The impact of these ongoing works had been reviewed on a daily basis by the registered person so as to ensure a safe environment at all times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment and staff management, training and development, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No new areas for improvement were identified during the inspection.

Consideration is given to the area for improvement that was identified at the previous care inspection, which has been stated for the second time during this inspection. This relates to the management of a patient following a fall.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Review of the three patient care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapists (SALT) or dieticians.

Supplementary care charts such as repositioning and bowel management records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients. Staff also confirmed that an electronic handover sheet was amended daily or as required and all staff were provided with a copy to ensure all relevant information was communicated. Discussion with the registered manager and staff confirmed that the length of time taken for shift handovers had reduced significantly since handover sheets had been implemented.

Discussion with the registered manager and a review of minutes of staff meetings confirmed that since the last inspection there had been regular staff meetings for registered nurses and care assistants. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Discussion with the registered manager and review of records evidenced that patient meetings had been conducted in April and July 2017. Minutes were available for review and included discussions concerning ongoing building works and the food preferences of patients.

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 their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and 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 record keeping and communication between patients, 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff described how they effectively used additional methods of communication, such as Makaton, when interacting with patients.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. Patients were seated around tables which had been appropriately laid for the meal. A menu was displayed on the wall of the dining room. Food was served from a bain-marie serving trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. 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 were required. A range of drinks were offered to the patients. Each patient had an individual place mat which contained all relevant information in relation to their dietary requirements. Patients appeared to enjoy the mealtime experience.

Eight staff members were consulted to determine their views on the quality of care within The Beeches Professional and Therapeutic Services. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

“I find it great here.”
 “I like it here.”
 “It’s good here.”
 “I love it here. We are part of the family.”
 “It’s really good here. I like it.”
 “It’s grand.”
 “I love it. We are all one big family.”

Ten patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. Six of the patient questionnaires were returned. All six respondents indicated that they were ‘very satisfied’ with the care provided to them.

Some patient comments were as follows:

“It’s lovely here.”
 “It’s great here, I enjoy it.”
 “It’s nice.”

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Five of the relative questionnaires were returned within the timeframe for inclusion in the report. All respondents indicated that they were satisfied or very satisfied with the service provision.

Some patients’ relative/representative comments were as follows:

“The staff are outstanding. They are very attentive to all the patients. The home is kept very clean.”
 “I would recommend this home to anyone. The staff are very caring.”

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 in respect of 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; finance and infection prevention and control. Two separate audits pertaining to care plans and infection prevention and control were reviewed. An action plan had been developed to address shortfalls identified within the audits and there was evidence that the action plan had been reviewed to ensure completion.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, 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 Carmel Nelson, Registered Manager, and James Wilson, Responsible Individual, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person should ensure that post falls management is conducted in accordance with best practice guidance.</p> <p>Ref: Sections 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Discussed with Nursing Team at scheduled staff meeting on 18/08/17 and followed-up with memo (dated 21/08/17) emphasising need for consistent compliance with protocol (detailed in memo) for follow-up observations after falls. Registered Manager will also carry out monthly check on care plans of residents with a reported fall to ensure protocol is being adhered to and embedded in practice.</p>
---	--

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

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