



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	The Beeches Professional & Therapeutic Services
RQIA Number:	1057
Date of Inspection:	20 January 2015
Inspector's Name:	Karen Scarlett and Aven Donnelly
Inspection ID:	17103

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	The Beeches Professional & Therapeutic Services
Address:	9-11 Lurgan Road Aghalee BT67 0DD
Telephone Number:	028 92652233
Email Address:	james@thebeechesltd.com
Registered Organisation/ Registered Provider:	Mr James Brian Wilson
Registered Manager:	Mrs Carmel Nelson
Person in Charge of the Home at the Time of Inspection:	Mrs Carmel Nelson
Categories of Care:	NH-LD ,NH-LD(E)
Number of Registered Places:	36
Number of Patients Accommodated on Day of Inspection:	36
Scale of Charges (per week):	£700.00 - £1200
Date and Type of Previous Inspection:	3 June 2014, secondary unannounced
Date and Time of Inspection:	20 January 2015 10.00 – 15.00
Name of Inspector:	Karen Scarlett and Aveen Donnelly

2.0 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.

3.0 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

4.0 Methods/Process

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

- Discussion with the Responsible Person
- Discussion with the Company Director
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during an inspection of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspectors spoke with:

Patients/Residents	2 individually and with others in groups
Staff	8
Relatives	0
Visiting Professionals	0

Questionnaires were provided by the inspectors to staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	0	0
Relatives/Representatives	0	0
Staff	10	10

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This 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:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspectors have 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:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially compliant	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
5 - Compliant	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.

7.0 Profile of Service

The Beeches Professional and Therapeutic Services is a private nursing home situated in the very pleasant rural area of Aghalee 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 are pleasantly furnished. Bedrooms were also maintained to a good standard with evidence of personal preferences regarding furnishings and decor throughout. Assisted bath and shower facilities were available throughout the home. Patients also have access to a hairdressing salon and an attractive, enclosed and paved garden area outside the dining room.

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

8.0 Executive Summary

The unannounced inspection of The Beeches was undertaken by Karen Scarlett and Aveen Donnelly on 20 January between 10.00 and 15.00. The inspection was facilitated by Mrs Carmel Nelson, registered manager and James Wilson, responsible person, who were both available for verbal feedback at the conclusion of the inspection along with company director Diane Tregaskis-Sloan.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 3 June 2014.

The home is required to submit a number of documents prior to the inspection. These were returned within the required time frame and offered the appropriate assurances.

The patients were very well presented in appropriate clothing. Relationships between the patients and staff were observed to be relaxed and cordial. The majority of residents were unable to communicate verbally but indicated with their demeanour and positive gestures that they were happy in the home. No relatives were available to consult on the day of inspection. Refer to section 11.5 for further details about patients and relatives.

The home's compliance with standard 19: continence care was also assessed. A continence assessment was not currently in use to assess patients' needs. Continence needs were being identified through the general nursing assessment and a care plan put in place. It has been recommended that a continence assessment to include a bowel assessment, be developed and completed for any newly admitted patients and for existing patients whose continence needs change. The care plans were detailed and person-centred and were reviewed on a regular basis in accordance with the patients' needs.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care. All registered nurses in the home were trained and assessed as competent in female, male and supra-pubic catheterisation. It was noted during an inspection of the premises that incontinence pads were being removed from the packaging and stacked on open shelves. This is not in accordance with best practice in infection prevention and control and a recommendation has been made in this regard.

A policy on continence care and management was in place. The policy regarding catheter care and management could not be located on the day of inspection. It was requested that this policy be forwarded to RQIA by 27 January 2015. The policy was returned within the required timeframe and assessed as satisfactory.

From a review of the available evidence, discussion with relevant staff and observation, the inspectors can confirm that the level of compliance with the standard inspected was substantially compliant. Three recommendations have been made in this regard.

An examination of the duty rota evidenced that staffing levels were within those recommended in RQIA staffing guidance for nursing homes (2009). Staff comments in discussion and in the returned questionnaires were overwhelmingly positive. Staff highlighted the quality of team work and management support. There were no concerns raised. Refer to section 11.6 for further information on staffing.

The home was presented to a good standard of hygiene and décor throughout. It was evident that effort had been put into personalising and decorating patients' bedrooms. The home is in the process of submitting plans for an extension to the existing premises and once these are finalised a programme of refurbishment is to be developed. There were a number of issues identified during an inspection of the premises including the condition of the doors and architraves, malodour in two identified toilets, the condition of bedroom furniture and a health and safety concern in relation to the treatment room. A total of three requirements have been made in this regard. Refer to section 11.7 for further information.

The inspectors can confirm that at the time of this inspection, the delivery of care to patients/residents was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect.

An examination of the care records identified the need for improvement in the documentation of pressure ulcer prevention and management. A recommendation has been made in this regard. Refer to section 11.8 for further information.

The inspectors reviewed and validated the home's progress regarding the one requirement and one recommendation made at the last inspection on 3 June 2014 and confirmed both to be compliant.

As a result of this inspection four requirements and four recommendations have been made.

Details can be found under Section 10.0 and 11.0 of the report and in the quality improvement plan (QIP).

The inspectors would like to thank the patients, registered manager, responsible person, the director, registered nurses and staff for their assistance and co-operation throughout the inspection process. The inspectors would also like to thank the staff who completed questionnaires.

8.1 Post Inspection

The registered manager agreed to send a copy of the continence policy to RQIA by 27 January 2015. This was returned within the required timeframe and assessed as satisfactory.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	18(2)(c)	The bedrooms of those patients sharing should be fitted with modesty curtains around wash hand basins to facilitate privacy.	Modesty curtains had been fitted in the double bedrooms as required. This requirement has been addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	20.2	Resuscitation equipment must be readily accessible.	<p>The resuscitation equipment was readily accessible in the treatment room.</p> <p>This requirement has been addressed.</p>	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 3 June 2014 RQIA have not been notified by the home of any ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT	
Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of three patients' care records evidenced that a specific bladder and bowel continence assessment was not in use. The continence needs of the patients were determined in the general nursing assessment and a care plan put in place as appropriate. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' continence care plans. A recommendation has been made that continence assessments, to include a bowel assessment, are introduced and completed for any newly admitted patients and for existing patients should their needs change.</p> <p>There was evidence in three patients' care records that continence care plans were reviewed and updated on a regular basis or more often as deemed appropriate. The care plans were noted to be very person centred in nature. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of three patient's care records evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients' needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. However, it was noted that pads were being stored out of their packaging which would not be in accordance with best practice in infection prevention and control. A recommendation has been made in this regard.</p>	<p>Substantially compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

The inspector can confirm that the following policies and procedures were in place;

- continence management / incontinence management

The policy on catheter care and management could not be found on the day of the inspection but was later forwarded to RQIA and assessed as satisfactory.

The inspector can also confirm that the following guideline documents were in place:

- RCN continence care guidelines
- European Association of Urology Nurses guidelines

A recommendation has been made for the following guidelines to be readily available to staff and used as required:

- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. The registered manager confirmed that all the registered nurses in the home were deemed competent in female, male and supra-pubic catheterisation. Discussion with staff evidenced that they were knowledgeable about the important aspects of continence care including privacy, dignity, skin care, fluid intake and the reporting of any concerns. Regular audits of care records were undertaken including the management of incontinence.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed

Substantially compliant

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff. It was apparent that the staff were very familiar with the needs and preferences of the patients.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings. Staff in the dining room were observed assisting patients with their meals in an unhurried manner, offering choice and chatting easily with the patients.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspectors discussed the management of complaints with the registered manager and there had been no recent complaints made.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients' Views

The inspectors spoke to the majority of patients individually or in groups. The patients were unable to express their views regarding their care verbally due to their communication difficulties. These patients indicated by positive gestures that they were happy living in the home.

11.6 Questionnaire Findings/Staff Comments

The inspectors spoke with eight staff including registered nurses, care assistants and ancillary staff. The inspectors were able to speak to a number of these staff individually and in private, many of whom had worked in the home for over ten years or more. Ten staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

All the staff commented on the homely atmosphere, good team working and the valued support of their management team. Staff demonstrated a thorough knowledge of the patients' needs and preferences. The care staff were each responsible for a small group of patients and it was evident that they took pride not only in their patients' appearance, but also in the presentation of their bedrooms. There was evidence of high levels of personalisation of the bedrooms and careful attention to the décor.

Examples of staff comments were as follows:

“Great team and great management.”

“It is an excellent home and I am so happy to have the privilege of working in it.”

“I love making the difference in each client's life.”

“I like it. It's like home”

11.7 Environment

The inspectors undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene. Some issues were identified with the fitness of the premises, the facilities and services and health and safety. The aligned estates inspector for the home has been notified of the issues for their information or action as required.

11.7.1 Fitness of the premises

Plans are currently being drawn up for an extension to the home and once these are finalised the management team plan to undertake some refurbishment to the existing premises. The exact nature of the refurbishments cannot be stated with any certainty at present until these plans are approved but the responsible person has identified several areas for improvement. The RQIA are being kept informed throughout the process.

An inspection of the premises identified wear and tear of doors and architraves throughout the home. This was identified by the responsible person at the outset of the inspection and it is intended that this will form part of the planned refurbishment. A rusted shower chair in one bathroom requires replacement as this cannot be effectively cleaned. A requirement has been made in this regard.

11.7.2 Facilities and Services

There were a number of items of bedroom furniture which were worn and chipped and some drawer and wardrobe handles required repair. In addition a malodour was identified in two specific toilets which must be addressed. The registered manager stated that as part of the refurbishment plan it would be proposed to remove both of these toilets. A requirement has been made in this regard.

11.7.3 Health and Safety

It was noted that the treatment room door was ajar throughout the inspection. Medicines were secured in a locked trolley and cupboards but given the client group in the home this door should be kept locked when not in use to reduce the risks to patients' health and safety in regards to other items of equipment stored within. A requirement has been made.

In addition it was noted that a prescribed tub of thickener was being used in the dining room for all patients. These thickeners must be labelled and only given to the specific patient for whom they are prescribed. A requirement has been made and the aligned pharmacy inspector for the home notified for their information or action as required.

11.8 Care Records

The care records examined were mainly of a good standard and were very person-centred. Risk assessments were carried out on a regular basis as required and the information used to inform the care plans. It was noted that a Braden risk assessment tool was in use in accordance with best practice guidelines. However, the management of pressure ulcer risk was incorporated into the mobility care plan and offered insufficient detail on repositioning schedules, specialist pressure relieving equipment in use or individual skincare requirements.

Risk assessment should be carried out with the aim of identifying those who are at potential risk in order that individualized preventive interventions can be planned and initiated. It is recommended that Braden risk assessment be carried out with sufficient frequency for all patients and a detailed care plan be developed for the care and management of those identified to be "at risk" of pressure damage.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Carmel Nelson, James Wilson and Diane Tregaskis-Sloan 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:

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9th Floor
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Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> • At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> • A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> • Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> • A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.1 Prior to their admission to the Home, the client has a pre-admission assessment carried out by a senior member of the Nursing team and on admission, the Roper, Logan and Tierney model is used to assess the 15 activities of living.</p> <p>5.2 Validated assessment tools are also completed within 11 days such as; hot surfaces; moving and handling; swallowing and epilepsy.</p> <p>8.1 All clients have nutritional screening using the Ruth Prideaux model and have their plan of care devised from this assessment.</p> <p>11.1 Prior to admission the client will have an assessment carried out by the community team and on admission the Braden scale would be completed and a plan of care devised from this.</p>	<p>Compliant</p>

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

Criterion 11.3

- 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 healthcare professionals.

Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.3 The Beeches has a written policy and a well established Named Nurse system in place. A Named Nurse is allocated to a new resident on admission. This Nurse is responsible for the completion of the care records, initial assessments, clinical assessment tools etc. This work is checked and agreed with the Nurse Manager.</p> <p>11.2 There are arrangements in place for referral to the Tissue Viability Nurse if advice and treatment is required for a resident.</p> <p>11.3 When a resident is admitted to the Home the Braden Scale assessment is carried and the plan of care devised from the findings. The Beeches uses the NPUAP/EPUAP guidance on the grading and treatment of Pressure sores. The Home may also complete the South Eastern Trust Flow chart to determine the correct pressure relieving equipment to be used for each individual if this has been assessed as a requirement. If a pressure sore has developed, a wound assessment is carried out and the appropriate treatment/ dressing used according to the Health and Social care Northern ireland Wound Formulary 2011.</p> <p>11.8 The home has written policy and a established procedure for wound assessment and treatment and referral to The Tissue Viability Nurse in the South Eastern Trust for advice on lower limb or foot ulceration.</p> <p>8.3 The Named Nurse for each resident carries out monthly analysis of their nutritional intake. As per the policy following assessment and analysis by the nursing team the resident's GP is asked to refer to Dietetic services for advice and treatment. The plan of care is devised and supplements prescribed if this is deemed necessary.</p>	<p>Compliant</p>

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
A daily record is maintained for each resident and is ongoing. Each Named Nurse plans the care for their residents. Reviews for each identified need are carried out as required for each individual, the agreed interval is noted in the care plan sections. The Named Nurses are afforded an opportunity to ensure completion of these reviews on a regular basis.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.5 Named Nurses plan the care for each resident they are responsible for and are afforded the opportunity to take the time to carry out research and ensure the plan of care meets the needs of the individual. Nursing and medical journals are readily available and can contribute to the written plan of care.</p> <p>11.4 The Braden Scale is used to assess the risk of developing pressure damage to skin. The guidance referred to is NPUAP/ EPUAP and if treatment is necessary a wound assessment is completed and the plan of treatment dictated by the Wound Care Formulary.</p> <p>8.4 The nursing, direct care, and catering staff refer to information in guidance documents on Nutrition when planning the menus, and the nutritional plan for each resident. The Public Health Agency Nutritional guidelines and menu Checklist. 2014: Nutrition and well being for Vulnerable adults (Pavilion): Eating well: adults with a learning disability.(The Caroline Trust). All staff have received staff training with regard to nutrition and meal planning.</p>	Compliant

Section E

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.6

- Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.

Criterion 12.11

- A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.

Criterion 12.12

- Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.
Where a patient is eating excessively, a similar record is kept.
All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.6 NMC guidance is adhered to for the nursing records for all of our residents.</p> <p>12.11 A daily diet record is maintained for each resident in the Nursing Home and monthly analysis is carried by the residents Named Nurse.</p> <p>12.12 As a daily record of dietary intake is maintained, the Nurse in charge is informed immediately should any problems arise which may need immediate attention. If a referral to SLT or Dietician is required, this is carried out following the guidance provided. Monthly weights are recorded and action taken if required according to need. All staff are informd at induction and through on-going supervision and staff meetings that they must inform the nursing team of any issue they identify regarding residents eating and drinking.</p>	<p>Compliant</p>

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.7 A daily communication record is completed for each resident and identified areas of need in their care plan are reviewed regularly with the specific interval noted in the relevant section. Where possible the resident is involved and representatives are kept informed when required. The service ensure through regular review of it policies and procedere that they adhere to the principles of thr HRA 1998 and that all treatments delivered to residents comply with these principles.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.8 The annual review meeting is arranged by the commissioning Trust to include the members of the multidisciplinary team relevant to each individual's care. The Beeches provide all parties with a copy of the review document with the agreement of the resident where required.</p> <p>5.9 The Trust provides the Home with a copy of the minutes of the review meeting and the Nurse Manager/ senior nurse attending the review will complete a summary of the meeting which will include an action plan if relevant. The resident and/ or their representative will be kept informed of all progress.</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>12.1 Menus are planned with agreement between the Nurse Manager and the head cook. Menu changes occur 6 monthly to take into consideration seasonal changes. Guidance documents used are: 2014 Nutritional guidelines and menu checklist (Public Health Agency): Eating Well: adults with a learning disability (Caroline Walker Trust): Nutrition and Well Being for Vulnerable Adults (Pavilion). All staff receive training on nutrition and meal planning.</p> <p>12.3 A copy of the Menu is displayed in an accessible format the Dining Room and an alternative is provided at each mealtime. The catering staff will record any amendments to the menus and also record the meals provision for each day.</p>	Compliant

Section I

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 8.6

- Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.

Criterion 12.5

- Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.

Criterion 12.10

- Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:
 - risks when patients are eating and drinking are managed
 - required assistance is provided
 - necessary aids and equipment are available for use.

Criterion 11.7

- Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>8.6 The Beeches staff team participate in the on-going Swallow Awareness training provided by the South Eastern Trust. As a follow up all staff are observed in the use of thickening agents and their competency is confirmed by a senior nurse.</p> <p>12.5 Meals are provided at conventional times and snacks and drinks are available at all times throughout the day. For residents unable to access snacks independantly the care staff provide assistance. All additional drinks and snacks are recorded on the diet record sheet.</p> <p>12.10 Each resident has a plan of care in relation to their eating and drinking. Monthly analysis ensure effective management of this important need. Monthly weights are recorded. The staff dine with the residents and provide valuable support and assistance when required. Aids and appliances to assist with eating and drinking are readily available.</p> <p>11.7 Wound management training has been provided for the nursing team at the Beeches. The Beeches Wound Management policy references current research and guidance. The NPUAP/EPUAP guidance is used as a reference. A wound assessment is carried out using the Beeches pro-forma and treated according to the Wound Care Formulary 2011.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	<p>Compliant</p>



Quality Improvement Plan

Unannounced Care Inspection

The Beeches Professional & Therapeutic Services

20 January 2015

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 Carmel Nelson, James Wilson and Diane Tregaskis-Sloan 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.	27 (2) (b) (c)	<p>The premises must be kept in a good state of repair and equipment provided kept in good working order. This is particularly in relation to the following:</p> <ul style="list-style-type: none"> • Damaged doors and architraves • A rusted shower chair in one bathroom <p>A rolling programme of repair / replacement should be undertaken.</p> <p>Ref: section 11.7.1</p>	One	<p>We can confirm that all worn equipment has been removed.</p> <p>A Variation Application for an extension and refurbishment of the premises has been submitted to RQIA Registration team. This major capital expenditure programme is expected to commence in 2015.</p>	Ongoing from date of inspection

2.	18 (2) (c) (j)	<p>The registered person must ensure that bedroom furniture provided for patients is, repaired and / or replaced as necessary.</p> <p>The home must be kept free from offensive odours. This is particularly in relation to two identified toilets.</p> <p>Ref: section 11.7.2</p>	One	<p>The bedroom furniture has been repaired/replaced.</p> <p>The home has a dedicated team of domestic staff and while we are happy that the report acknowledges the good standard of hygiene throughout the home, we are disappointed that on this occasion this usually high standard was not achieved in relation to these two toilets. We will ensure that in the future all domestic staff are mindful of the need to maintain toilet facilities to a consistently high standard at all times throughout the day.</p>	Ongoing from date of inspection
3.	13 (4) b	<p>The registered manager must ensure that all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed.</p> <p>Ref: section 11.7.3</p>	One	Thickening agents are labelled and administered only to the named resident for whom they are prescribed.	One month from date of inspection
4.	14 (2) (c)	<p>The registered provider must take measures to reduce risks to the health and safety of patient by ensuring that the treatment room door is kept locked when unattended.</p> <p>Ref: section 11.7.3</p>	One	The treatment room door is now locked when unattended	From date of inspection

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.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	35.1	<p>It is recommended that continence pads are stored in a manner which maintains this equipment safely, in accordance with manufacturers' instructions and to ensure effective infection prevention and control.</p> <p>Ref: section 10.0</p>	One	Continence pads are kept in original packaging in order to maintain effective infection prevention and control.	One month from date of inspection
2.	19.1	<p>A continence assessment should be developed and completed for any newly admitted patients and for existing patients whose continence needs change. This should include a bowel assessment.</p> <p>Ref: section 10.0</p>	One	A continence assessment is being developed to be used for assessing new residents or when continence needs change.	Ongoing from date of inspection
3.	19.2	<p>The registered person should ensure that the following best practice guidelines are readily available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence <p>Ref: section 10.0</p>	One	The documents indicated are now available to staff.	One month from date of inspection

4.	11.3	<p>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.</p> <p>Ref: section 11.8</p>	One	<p>Present practice at the Beeches is effective in preventing pressure sores/ ulcers. However, as advised, resident's care plans will be further developed to reflect more clearly the systems in place that prevent pressure ulcer development.</p>	<p>One month from date of inspection</p>
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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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Carmel Nelson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	James Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Karen Scarlett	3/3/15
Further information requested from provider			