

# Inspection Report

11 September 2023



## The Beeches Professional & Therapeutic Services

Type of service: Nursing Home  
Address: 9-11 Lurgan Road, Aghalee, BT67 0DD  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> The Beeches Professional &amp; Therapeutic Services Ltd</p> <p><b>Responsible Individual:</b> Mr James Brian Wilson</p>	<p><b>Registered Manager:</b> Mrs Janette McGann (Acting)</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Chelsea McKeown, Registered Nurse</p>	<p><b>Number of registered places:</b> 41</p>
<p><b>Categories of care:</b> Nursing (NH): LD – learning disability LD(E) – learning disability – over 65 years</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38</p>
<p><b>Brief description of the accommodation/how the service operates:</b> The Beeches Professional &amp; Therapeutic Services 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, dining room and garden area.</p>	

## 2.0 Inspection summary

An unannounced follow up inspection took place on 11 September 2023, from 10.30am to 12.40pm. This was completed by a pharmacist inspector and focused on the management of medicines.

At the last medicines management inspection on 25 April 2023 robust arrangements were not in place for the management of medicines. Areas for improvement were identified in relation to: the management of medicines for new admissions, thickening agents, medicines for distressed reactions and recording the date of opening on all medicines to facilitate audit.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the manager and staff would be given a period of time to implement the necessary improvements and that this follow up inspection would be completed to ensure that improvements had been implemented and sustained.

The outcome of this inspection evidenced that management and staff within the home had taken appropriate action to ensure the necessary improvements with regards to medicines management. Written confirmation of medicines was obtained at or prior to admission.

Safe systems were in place for the management of thickening agents and medicines for distressed reactions. The date of opening was clearly recorded on all medicines not supplied in the monitored dosage system to facilitate audit. Staff were commended for their efforts and were reminded that the improvements must be maintained.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

RQIA would like to thank the staff and residents for their assistance throughout the inspection.

### **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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records for new admissions, patients prescribed thickening agents and patients prescribed medicines "when required" for the management of distressed reactions. Medicine administration audits were completed to ensure the medicines were being administered as prescribed.

### **4.0 What people told us about the service**

The inspector met with nursing staff. Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Staff said they had worked hard to implement and sustain the improvements identified at the last medicines management inspection.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 25 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that wound care is managed and recorded in line with best practice guidance.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of distressed reactions to ensure that the reason for and outcome of administration of “when required” medicines are consistently recorded.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Safe systems were in place for the management of medicines for distressed reactions.</p> <p><b>See Section 5.2.1</b></p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall review the management of thickening agents to ensure that the recommended consistency level is recorded on records of prescribing and administration and that care plans are accurate and up to date.</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Safe systems were in place for the management of thickening agents.</p> <p><b>See Section 5.2.2</b></p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that the date of opening is recorded for all medicines to facilitate audit and disposal at expiry.</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The date of opening was recorded on all medicines not supplied in the monitored dosage system.</p> <p><b>See Section 5.2.3</b></p>		

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that written confirmation of all new patients' medicines is obtained at or prior to admission to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Written confirmation of medicines was obtained at or prior to admission to the home for all new patients.  <b>See Section 5.2.4</b>	

## 5.2 Inspection findings

### 5.2.1 The management of medicines for distressed reactions

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed for two patients. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

### 5.2.2 The management of thickening agents

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for three patients. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

### 5.2.3 Medicines not supplied in the monitored dosage system

The date of opening was recorded on all medicines not supplied in the monitored dosage system so that they could be easily audited. This is good practice. The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A small number of minor discrepancies were highlighted to nurses for close monitoring.

## 5.2.4 New admissions

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed; however one personal medication record had not been signed and verified by two staff members. This expected practice was highlighted to staff.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1*

\* The total number of areas for improvement includes three which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Chelsea McKeown, Registered Nurse, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (16 June 2022)	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.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (16 June 2022)	The registered person shall ensure that wound care is managed and recorded in line with best practice guidance.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2022	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.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1





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