

Inspection Report

16 June 2022



The Beeches Professional & Therapeutic Services

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

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd</p> <p>Responsible Individual: Mr James Brian Wilson</p> | <p>Registered Manager: Miss Rebecca Beatty – not registered</p> |
| <p>Person in charge at the time of inspection: Ms Claire Moore – Nurse in charge</p> | <p>Number of registered places: 41 Associated PD under and over 65.</p> |
| <p>Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 34</p> |
| <p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 41 patients who have a learning disability. Patients' bedrooms are accommodated over two floors and patients have access to communal day spaces, dining room and garden area.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 16 June 2022 from 9.30am to 5.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was warm, clean and comfortable. Patients were well presented in their appearance and appeared happy and settled in the home. Comments from patients were positive in regards to their interactions with staff and with the food provision in the home. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management. Staff told us that their managers were approachable and that they felt any concerns shared with managers were listened to. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified in relation to wound care, compliance with Control of Substances Hazardous to Health (COSHH) legislation and with the recording of neurological observations following a fall in the home. An area for improvement in relation to pressure management risk assessments has been stated for the second time.

RQIA was assured that the delivery of care and service provided in The Beeches Professional & Therapeutic Services Nursing Home was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staffs' practice and the patients' experience.

3.0 How we inspect

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

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

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

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

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

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

The findings of the inspection were discussed with the nurse in charge and the responsible individual at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven patients, one visitor, one visiting professional and seven staff. Patients spoke positively on the care that they received and spoke fondly on how they spent their day in the home and different outings that they had attended. All staff confirmed that they enjoyed interacting and engaging with the patients. Staff told us that they had good working relationships with the manager and management team.

The visitor was complimentary in relation to the standard of care provision in the home and in their interactions with staff. The visitor stated, “xxx could not be in a better place. I know that she is safe and settled here”. The visiting professional confirmed that they had no concerns about the care delivery in the home and informed that staff were always quick to pass on any patient related concerns to her department.

There were no questionnaire responses and we received no feedback from the staff online survey.

5.0 The inspection

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

| Areas for improvement from the last inspection on 28 January & 3 February 2022 | | |
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| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 23 Stated: First 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. | Not met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in section 5.2.2. This area for improvement has not been met and has been stated for the second time. | |
| Area for improvement 2 Ref: Standard 12 Stated: First time | The registered person shall ensure that the mealtime menu offers a choice of meal for patients at mealtime. This should also include meal options for patients who require to have their meals modified. | Met |
| | Action taken as confirmed during the inspection: An alternatives menu was available for patients to select from if they did not like the meal option. | |

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| Area for improvement 3 Ref: Standard 14.26 Stated: First time | The registered person shall ensure that the patients' inventory of personal possessions is kept up to date with adequate details of the items brought into the patients' rooms. The records should be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. | Met |
| | Action taken as confirmed during the inspection: A review of two patients' care records evidenced that this area for improvement has now been met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the patients. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. Staff confirmed that they had received recent behavioural training to assist them in understanding different patient behavioural patterns. The majority of training had been completed electronically or via a video platform during the Covid-19 pandemic, though, staff were happy that face to face training was gradually returning.

Staff confirmed that they were further supported through staff supervisions. A supervision matrix was maintained to ensure that all staff received at minimum two supervisions per year.

Staff confirmed that the teamwork in the home was good. During the inspection the team were observed to work well and communicate well with one another. Staff confirmed that when they are short staffed, they 'pull together' and work as one team for the benefit of the patients.

Staff were satisfied that the planned number and skill mix of staff on duty at any given time met the needs of the patients. Additional staff were rostered on duty when patients' outings had been arranged such as was on the day of inspection.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the capacity in which they worked. The duty rota did not identify the nurse in charge of the home when the manager was not on duty, although, this was identified on a separate allocation chart. The responsible individual (RI) agreed to include this information on the duty rota.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. An allocation sheet was utilised to identify which areas in the home each staff member was assigned to provide care. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

Staff provided dignified care by their actions such as knocking on doors before entering; discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff communicated well with patients and they were respectful, understanding and sensitive to their needs.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Patients' care records were held confidentially.

Where a patient was at risk of falling, a falls care plan was in place to direct staff in how to manage this area of care. The number of falls in the home was low. A review of accident records following a patient's fall resulting in a head injury evidenced that the appropriate persons had been notified of the fall, including RQIA, however, there was no evidence that neurological observations had been completed at the time of the accident and continued for 24 hours following the fall. This was discussed with the manager and identified as an area for improvement.

Pressure management risk assessments had been completed to determine if patients were at risk of skin breakdown. Although, these had not been completed on regular frequency. One patient had no record of any completed; one had not been completed since January 2022 and one was completed twice between December 2021 and June 2022. This was discussed with the manager and an area for improvement in this regard identified at the previous care inspection was stated for the second time.

An area for improvement was also identified in relation to the recording of wound care to ensure comprehensive detail in wound care planning to direct the care and the completion of wound evaluations at the time of wound dressing to monitor the progress of the wound care provided.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional risk assessments were carried out to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

A new summer menu was on display. Patients could select from an alternative menu if they did not like the meal displayed. It was observed that six different meals were served during the lunchtime meal. Food served appeared appetising and nutritious. A system was in place to ensure that each patient's nutritional requirements had been communicated to all relevant staff. The dining room was well supervised by staff who were wearing the appropriate personal protective equipment (PPE). A range of drinks were served with the meal. Patients were complimentary in relation to the food provision in the home.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable and there were no malodours detected. Although, during the inspection we observed chemicals accessible to patients in three unsupervised areas in the home. This was discussed with the manager and identified as an area for improvement.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings. Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

Activities were facilitated on each day of the week and included group activity and one to one activities for those patients who could not engage in, or did not wish to engage in, group activity. There was a dedicated activity room in the home and a sensory room for patients to utilise. During the inspection patients were observed enjoying a pampering session, playing games, colouring and some patients went to the Grand Opera House on an outing. An arts and crafts coach visited the home weekly to engage with patients and a reflexologist came three days per week.

The patients were looking forward to an upcoming sports day and a visit from a group bringing farm animals to the home. Patients could go for a walk in the local park or go to the shop. A tuck shop was available in the home on Monday, Wednesday and Fridays. Plans were in place for a summer scheme to commence. Records for each patient were maintained of activities conducted and on their engagement with the activity. The activities in the home were patient led on choice.

Patients' meetings were hosted monthly in the home and feedback provided to management. Topics discussed included the provision of activities, any updates on the Covid – 19 pandemic, fire safety, any upcoming maintenance, any changes in the running of the home and any other topics the patients wished to discuss.

Visiting arrangements were in place, in line with the Department of Health guidelines, with positive benefits to the patients. As well as indoor visiting, patients were permitted outings with family members away from the home. There were no care partner arrangements in place in the home. The RI confirmed that the care partner arrangement had been offered to relatives/visitors, though, no one had progressed with this offer.

5.2.5 Management and Governance Arrangements

Since the last inspection the management arrangements in the home had changed. Miss Rebecca Beatty commenced the manager's role on 1 April 2022. An application for the manager to register with RQIA had commenced. Discussion with the staff confirmed that there were good working relationships between staff and management.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included care plans, restrictive practice and IPC.

A complaints file was maintained. There were no recent complaints received in the home. We discussed that any areas of dissatisfaction received in the home should be recorded as a complaint. Cards and any compliments received were kept on file and shared with staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The RI was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Staff confirmed that they completed online and face to face training on adult safeguarding.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
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| Total number of Areas for Improvement | 3 | 1* |

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Claire Moore, Nurse in Charge and Mr James Wilson, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: With immediate effect | The registered person shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is possible. Ref: 5.2.2 Response by registered person detailing the actions taken: Nurses meeting held on 4/7/22. Discussion about protocol to be followed when a head injury has occurred or a potential head injury has occurred. All nurses able to recall protocol and aware of importance of appropriate documentation to be completed, including clinical monitoring |
| Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect | The registered person shall ensure that wound care is managed and recorded in line with best practice guidance. Ref: 5.2.2 Response by registered person detailing the actions taken: Discussion at nurses meeting held on 4/7/22. Care plans reviewed and updated in accordance with best practice guidance. |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that chemicals in the home are appropriately stored when not in use and not left accessible to patients.</p> <p>Ref: 5.2.3</p> |
| <p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2022</p> | <p>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.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans and risk assessments in relation to pressure management are reviewed on a monthly basis(or sooner if required) Discussion with Nurses on 4/7/22.</p> |

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