

# Inspection Report

8 June 2023



## Beechill Care Home

Type of service: Nursing Home  
Address: 12 Royal Lodge Road, Belfast, BT8 7UL  
Telephone number: 028 9040 2873

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Beaumont Care Homes Limited	<b>Registered Manager:</b> Ms Gabrielle McDonald
<b>Responsible Individual:</b> Mrs Ruth Burrows	<b>Date registered:</b> 5 April 2022
<b>Person in charge at the time of inspection:</b> Jan Natividad, Senior Staff Nurse	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 34 patients. The home is divided over two floors. Both the ground floor and the first floor units provide nursing care for people living with dementia.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 June 2023 from 9.15 am to 2.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to governance, visiting arrangements, and working relationships and communication between management and staff.

The home was clean, well-lit, comfortably warm, and free from malodour. There was a welcoming atmosphere in the home.

Patients looked well cared for in that attention had been paid by staff to patients' hygiene and dressing needs. Patients who were reliant on staff to assist with their positioning looked comfortable. Patients unable to voice their opinions looked relaxed and content in their surroundings and during interactions with staff.

Staffing arrangements were found to be satisfactory to meet the needs of patients. Staff were observed to be polite and warm in their communications with patients, relatives, and each other, and conducted their duties efficiently.

Four areas for improvement identified at the last inspection were reviewed and found to be met. One area for improvement relating to medicines management was not reviewed at this inspection and has been carried forward.

New areas for improvement were identified in relation to documentation pertaining to the dietary needs of patients, and the provision of hand sanitiser on the ground floor corridor.

The outcome of the inspection confirmed that the care in Beechill was delivered in a safe, effective and compassionate manner. There was a management structure in place with governance systems to provide oversight of service delivery. Compliance with the areas for improvement identified will further enhance care delivery and service provision.

### **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 regional manager during the inspection.

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

Patients, relatives, staff, and a visiting professional were consulted during the inspection. Following the inspection, no questionnaire or survey responses were received within the allocated timeframe.

Due to the nature of dementia some patients were unable to reflect on and share their opinions on daily life in the home. However, these patients indicated that they were content and happy in the moment. Patients said that staff were “good”, told us that they enjoyed the lunch that day, and that “all is grand.”

Relatives told us that they were happy with the visiting arrangements and felt that the home accommodated the needs of relatives as well as the needs of patients. For example, relatives said that staff would go out of their way to ensure elderly visitors were comfortable.

Relatives said that they were satisfied with the staffing arrangements and that they knew how to raise concerns and had faith that any issues would be dealt with appropriately. Relatives described staff as “very caring”, thoughtful, and compassionate.

The visiting professional told us that they attended the home on a regular basis and had never experienced any concerns during their work. They described the staff as “informative...friendly and welcoming”, and said that staff followed any specialist instructions given.

Staff said that they were satisfied with the staffing levels and reflected on how they felt things had improved since the increase in care assistant hours in the morning. Staff told us that they felt supported through training and regular communication with the management team and described the manager as approachable “for anything.”

Agency staff said their experience working in Beechill was positive and said that they were provided with a good induction during their first shift and described the staff as “friendly” and the care as “excellent.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 4 April 2022		
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 13 (4)  <b>Stated:</b> First time	<p>The registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescribers' directions</p> <p><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></p>	Carried forward to the next inspection
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14 (c)  <b>Stated:</b> First time	<p>The registered person shall ensure that all hand sanitisers are safely and securely maintained at all times</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
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 46  <b>Stated:</b> Second time	<p>The registered person shall ensure that infection prevention and control deficits identified in this report are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	Met
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 41	<p>The registered person shall ensure that staff meetings take place at least quarterly and that records are maintained to include attendance, agendas, minutes, and any resulting action plans.</p>	

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement</b> 3 <b>Ref:</b> Standard 7 <b>Stated:</b> First time	<p>The registered person shall ensure that consultation is conducted with patients and their representatives in relation to their views and opinions about the running of the home.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment records were reviewed. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. All pre-employment checks such as Access NI, employment history, and references were sought, received, and reviewed prior to the staff member starting work. Review of records and discussion with staff confirmed that a structured orientation and induction programme was undertaken at the commencement of their employment.

The management team explained that while the majority of shifts were covered by staff employed directly by Beechill, agency staff were used to cover any vacant hours. Agency staff confirmed that they were provided with an induction to the home and said that working in the home was a positive experience.

Staff said that they were satisfied with the staffing arrangements and reflected that an increase in the care assistant hours in the mornings had improved the overall quality of care. It was observed that there was enough staff on duty to meet the needs of patients in a timely manner.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty and provided information on approved agencies that could be used in the event of unplanned staff absences.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations remained valid.

There was a clear management structure in place and the duty rota contained information on the senior on-call arrangements for out of hours.

There were systems in place to ensure staff were trained and supported to do their job in an efficient manner. A range of essential training courses were available in eLearning, video conference, and face to face formats. The manager had oversight of staff compliance with all training.

There was evidence of good communication between management and staff through regular staff meetings. Records were maintained of meeting agendas and attendance. Staff said that they felt informed about the running of the home and felt listened to.

Relatives told us that they were satisfied with the staffing arrangements and described staff as “very caring.” Patients described staff as “good.”

The visiting professional told us that they never had any concerns when visiting the home and described Beechill as “a good home.” They said that staff were informative and followed specialist’s directions in relation to patient care. They said staff were “friendly and welcoming.”

### **5.2.2 Care Delivery and Record Keeping**

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients’ needs.

Records showed appropriate onward referral to specialist services where required. For example, the Trust Tissue Viability Nurse (TVN) attended the home to assess the care provided and to advise nursing staff on the wound care management for individual patients.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, and/or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were maintained clutter free, staff provided supervision and/or assistance with mobility where required, staff ensured patients wore suitable footwear, and mobility aids were used as recommended by the Trust Physiotherapist.

Examination of records and discussion with nursing staff confirmed that the risk of falling and falls were well managed.

Patients’ needs in relation to nutritional care were reviewed. Records showed that patients were assessed at least monthly using the malnutrition universal screening tool (MUST). This



included checking patients' weights to monitor for any unplanned changes in weight. Oral and choking risk assessments were also completed and reviewed monthly. Records were kept of what patients had to eat and drink each day.

Care plans and dietary notifications were in place to direct staff on how to meet each patients' nutritional needs. Some shortfalls were identified in relation to these records. For example, in one patient's records the care plan had not been re-written to reflect significant changes in their swallowing needs and the recommendations made by speech and language therapy (SALT); instead a note was made in the monthly evaluation to say that the patient's International Dysphagia Diet Standardisation Initiative (IDDSI) levels had changed. It was unclear from the records why this patient's recommended food consistency had been changed or if SALT had been involved.

Furthermore, the old IDDSI prescription chart remained in the care records showing out of date information. It was also identified that the nutritional notification form shared with the catering staff had not been updated. Discussion with staff showed that the patient was receiving the correct IDDSI levels, however inconsistencies within the records increased the risk of mistakes being made and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The serving of lunch was observed as well as the morning and afternoon tea trolley rounds. Staff were seen to offer choice to patients and to provide support and assistance where required.

The lunch time experience was relaxed and unhurried and patients told us that they enjoyed their meals. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available throughout the day.

Patients who were able to voice their opinions told us that they were happy and content. Due to the nature of dementia, the majority of patients were unable to fully express their opinions on the home, however patients were seen to express their satisfaction through non-verbal cues and relaxed body language.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment included a selection of patients' bedrooms, communal lounges, dining rooms and bath/shower rooms, corridors, and storage areas. The home was clean, with good ventilation, and attractively decorated.

Corridors were free from clutter, well lit, and walls were brightly painted and displayed artwork and framed photos of patients, staff and visitors enjoying social events.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Fire exits were maintained free from obstruction and fire extinguishers were easily available at strategically placed points and wall-mounted. The most recent fire risk assessment had been completed on 6 April 2023 and records showed that any recommendations made by the assessor had been actioned.



Patients' bedrooms were clean and personalised with items of importance or interest to the patient. Communal rooms were seen to be well decorated, suitably furnished, and comfortable. Homely touches were noted throughout the building, such as ornaments, flowers, bookshelves, games and puzzles, and birthday celebration decorations.

There were systems in place to manage the risk of infection. The manager had conducted a dynamic risk assessment in relation to the wearing of masks while in the home. The outcome of the risk assessment was that the decision to wear masks during their daily routine could be made by each individual staff member as their personal choice. Staff were seen to use personal protective equipment (PPE) correctly.

It was noted that the availability of hand sanitiser dispensers along the corridors varied between the two floors, with five dispensing points on the first floor and only two on the ground floor corridor. Staff were seen to have to walk further along the corridor or into a room to sanitise their hands. This resulted in staff touching surfaces before conducting hand hygiene. An area for improvement was identified.

Infection prevention and control audits were conducted on a regular basis by the manager and action plans were put in place when deficits or areas for improvement were found. There was evidence of appropriate communications with the Public Health Authority (PHA) in the event of a suspected or actual outbreak of infection.

Relatives told us that they were happy with the level of cleanliness in the home and the management of infections such as COVID-19.

#### **5.2.4 Quality of Life for Patients**

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or have breakfast in bed if they wished.

Staff were seen to help patients plan their birthdays and to facilitate any preferences for how they wished to celebrate.

An activities programme was available and included events such as, but not limited to, skittles, puzzles and games, singalong sessions, reminiscence, aromatherapy, and painting. The activities programme was on display on each floor. It was noted that the activities posters were A4 in size and hand written and it was discussed how this format was not user friendly to those with impaired eyesight, mobility, or cognitive impairments. It was agreed that the home would look at alternative formats of display and this would be reviewed at the next inspection.

Relatives confirmed that visiting arrangements were in place and working well for the benefit of patients well-being and family life. There was evidence of regular consultation with relatives and the manager maintained records of communications with relatives. This is good practice.

### 5.2.5 Management and Governance Arrangements

There had been some changes in the management arrangements of the home since the last inspection. Ms Gabrielle McDonald was appointed manager on 17 January 2022 and since the last inspection she had completed the manager registration process with RQIA on 5 April 2020.

The organisational operation of the home had changed, with Beaumont Care Homes Limited acquiring ownership of the home on 11 July 2022.

Staff and relatives were aware of the organisation and management arrangements. Staff were aware of who was in charge of the home at any given time and the duty rota informed staff of the on-call senior management arrangements in the absence of the manager.

Staff commented positively about the management of the home and said that the manager was approachable and available for guidance and support, and they “could go to Gaby for anything.”

The certificate of registration issued by RQIA was appropriately displayed in the reception area of the home.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services, including accidents and incidents that occurred in the home, restraint practices, wound care, record keeping, and the environment.

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. A senior regional manager, Eileen Dunlop, was identified as the appointed safeguarding champion for the home while the manager took a lead in escalating concerns to the safeguarding champion when required. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of their own role and responsibilities in reporting any issues or concerns about patients, care practices or the environment.

There was a system in place to manage complaints and relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

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

\*The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (1 March 2022)	The registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescribers' directions  Ref: 5.1  <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)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4 and 12  <b>Stated:</b> First time  <b>To be completed by:</b> 15 June 2023	The registered person shall ensure that care plans are re-written when significant changes occur in a patient's nutritional needs. This is with specific reference to choking risks and International Dysphagia Diet Standardisation Initiative (IDDSI) recommended levels.  Any changes in nutritional needs must be updated and shared in writing with the catering team.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> An audit has been completed for each resident which cross references residents care needs across their care plan, food & fluid charts, choking assessment and dietary notifications to

	<p>ensure all recommendations are correct. This also included a review of the Dietary Notification documentation held in the kitchen.</p> <p>Care files have also been reviewed to ensure correct IDDSI prescription forms and descriptors are in place.</p> <p>Supervision has been completed with all trained staff regarding the importance of updating care records and providing an updated Diet Notification to catering staff when changes are made for individual residents IDDSI levels.</p> <p>Going forward 10% of care profiles will be audited on a monthly basis by the Home Manager to ensure information is correlated.</p> <p>Operations Manager will also sample records during monthly Reg 29 visit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46 Criteria 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2023</p>	<p>The registered person shall ensure that there are sufficient hand sanitising stations on the ground floor corridor to facilitate good hand hygiene practice.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An additional six hand sanitising dispensers have been purchased and wall mounted throughout the ground floor to facilitate good hand hygiene practice.</p>

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



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