

Inspection Report

4 April 2022



Beechill

Type of service: Nursing Home
Address: 12 Royal Lodge Road, Belfast, BT8 7UL
Telephone number: 028 9040 2871

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Mrs Natasha Southall	Registered Manager: Ms Gabrielle McDonald – not registered
Person in charge at the time of inspection: Ms Gabrielle McDonald	Number of registered places: 34
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: 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 4 April 2022 from 9.15 am to 5.20 pm 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.

Areas for improvement identified at the last inspection were reviewed; three were assessed as met, and one was partially met and has been stated for a second time. 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: staff meetings; the use of hand sanitisers; and formal consultation with staff, patients and their representatives.

The home was found to be clean and warm, with a welcoming atmosphere. Patients looked well cared for in that they presented as comfortable and attention had been paid by staff to their personal care and dressing needs.

Staff were observed interacting with patients and each other in a polite manner. Staff told us that they had no concerns in relation to the recent changes in management or the proposed change in service provider, as discussed further in Section 5.2.5.

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 and 'Tell Us' cards 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 Gabrielle McDonald, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection three patients and six staff were spoken with. Two completed questionnaires were received from relatives and their comments are included in this report. No staff survey responses were received within the allocated timeframe.

Two visiting professionals in the home at the time of the inspection said that they had no concerns with the service.

Patients spoke in positive terms about living in Beechill and expressed that staff were good. Patients said that the food provided in the home was "nice."

Staff said that they were happy working in Beechill and expressed that they understood their roles and were supported to conduct their jobs in a safe and effective manner. Staff confirmed that they were provided with an induction into their roles; this included agency staff working within the home.

Staff said that since the last inspection, staffing levels had stabilised and that there was enough staff in the home on a daily basis. Staff also told us that they were aware of the management structure and felt that the Manager was approachable.

Relatives told us that they were very satisfied with the overall care and services provided in Beechill. They described staff as “kind and caring”, and said that communication from staff and management was good.

It was positive to note that a record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

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

The last inspection to Beechill was undertaken on 1 March 2022 by a pharmacy inspector; one new area for improvement was identified and four areas for improvement were carried forward to be reviewed at the next inspection.

Areas for improvement from the last inspection on 01 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (4) Stated: First time	The registered person shall ensure that the deficits identified in relation to provision of nutritional are addressed and that the agreed action plan is implemented.	Met
	Action taken as confirmed during the inspection: The agreed action had been fully implemented resulting in improvements in the overall provision of nutrition.	
Area for improvement 2 Ref: Regulation 13 (4)	The registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescribers' directions.	

Stated: First time	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.	Carried forward to the next inspection
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	<p>The registered person shall ensure that the documentation relating to pressure relieving mattresses is up to date and that the directions in the care plan are followed.</p> <hr/> <p>Action taken as confirmed during the inspection: Documentation relating to pressure relieving mattresses was reviewed and found to be up to date and directions were followed.</p>	Met
Area for improvement 2 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that infection prevention and control deficits identified in this report are addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that some attempts had been made to implement a system for patients' toiletries to be stored in a more hygienic manner, however, it was found that not all staff adhered to this system.</p> <p>Linen stores were found to be neatly organised, however, some clean linen was stored on floor level.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	Partially met
Area for improvement 3 Ref: Standard 24 Criteria 1 Stated: First time	<p>The registered person shall ensure that any orientation displays in the home are maintained with up to date and accurate information.</p> <hr/> <p>Action taken as confirmed during the inspection: Orientation displays were found to be up to date and the manager confirmed that they had ordered dementia friendly orientation clocks which will automatically display the correct date and time.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly prior to commencing work. Staff were provided with a comprehensive induction to their respective roles and agency staff confirmed that they were also provided with an induction to the home at the beginning of their first shift.

A system was in place to check that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council, and that their registration remained valid. This system was checked monthly by the Manager; the need to ensure that all relevant staff working within the home are included in these checks was stressed.

The duty rota accurately reflected the staff working in the home on a daily basis. The Manager's working pattern was stated on the duty rota as well as identifying the nurse in charge in the absence of the Manager. Staff told us that they knew who was in charge of the home at any given time.

Staff confirmed that there was enough staff on duty each day and that this had improved in recent months due to recent recruitment of new staff and the use of agency staff, if required. Records showed that safe staffing levels were determined and/or adjusted by the Manager using a tool to measure the dependency levels of patients in the home.

A range of training to help staff undertake their role was provided and records were in place to assist the manager in monitoring compliance with relevant courses. The Manager maintained a record of communication with staff who required prompting or reminders to complete courses relevant to their role within set timeframes. There was a yearly planner in place to ensure staff attended training on a range of platforms including eLearning, teleconference, or face to face.

Staff told us that they understood their roles and responsibilities in relation to reporting any worries or concerns they may have about patient care or the running of the home. To ensure engagement and participation from staff in the running of the home, staff meetings are required to take place at least four times each year. However, there had been no general staff meetings since August 2021. An area for improvement was identified.

Staff were observed attending to patients' needs in a timely and professional manner; staff were also seen speaking with patients in a warm and comforting tone. For example, staff positioned themselves in front of patients when speaking with them in order to maintain eye contact; this promoted patients' dignity and assisted staff with providing clear verbal instructions/explanations about the care they were providing. This is good practice when assisting patients living with dementia who may have an impaired sense and perception of the world around them.

However, it was observed that communication with patients could be improved; for instance: it was observed that, at times, a television and music player within a communal area were playing at the same time, which some patients may find overstimulating. This was discussed with the nursing staff and Manager for consideration and action, as needed.

While staff had been provided with some training relating to dementia, it was agreed that more enhanced face to face practical sessions would be of benefit. This will be reviewed at the next inspection.

Relatives told us that they were very satisfied with the care provided in the home and described staff as “kind and caring.” Relatives said that communication from the home was good and that staff would provide timely and regular updates and that they could ring or approach staff at any time with queries.

Two visiting professionals in the home at the time of inspection said that they had no concerns in relation to the home.

5.2.2 Care Delivery and Record Keeping

Systems were in place to ensure that patients’ needs were communicated to staff through care records and verbal handover meetings at the beginning of each shift. Staff confirmed that adequate time was allocated to each handover to ensure they knew the priority tasks for that shift and were updated with any changes in patients’ 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 effectively meet patients’ needs. Care records were held securely and reviewed regularly to reflect changes in needs of patients. Records included any recommendations made by other healthcare professionals such as GP, physiotherapist, speech and language therapist (SALT), dietitian, or podiatrist.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. The Manager maintained an overview of reviews with a tracker in place, and documented communications with the respective care managers when reviews were due.

Patients who are assessed as being at risk of skin break down require additional measures to protect skin integrity. Review of some records showed that these patients had a preventative care plan in place, which incorporated nutritional support, regular repositioning and skin checks, and the use of specialised equipment such as pressure relieving mattresses. Documentation relating to pressure relieving mattresses was up to date and accurately maintained.

Review of wound care records evidenced that care plans were in place to direct staff on how to care for wounds, including what dressings to use and frequency of dressing changes. Wound care was reviewed regularly and there was evidence of appropriate onward referral to the tissue viability nurse (TVN) or podiatrist where required.

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), oral and chocking assessments. Care plans were in place and included recommendations from SALT and/or dietetics, and referenced patients’ individual likes and dislikes. Records were maintained of what each patient ate and drank on a daily basis. Patients’ weights were monitored at least monthly.

Review of menus showed that there was variety and choice each day. Catering staff confirmed that any variations from the set menu were documented and that these variations usually occurred in response to patient requests. Catering staff demonstrated a good understanding of the different levels of food consistency as recommended by SALT.

The serving of lunch was observed and found to be a pleasant and unhurried experience. Meals looked and smelled appetising. Foods of various textures were presented well on patients' plates. Dining room tables were set and daily menus were on display. Pictorial menus were available for patients who may have difficulty reading print. Background music was played and staff wore the correct personal protective equipment (PPE) for food handling.

Patients told us that they enjoyed the food and it was observed that there was less wastage of food in comparison to the previous care inspection. Staff told us that they were pleased to report an improvement in food standards since the previous inspection and said that there was a better range of choice, patients were getting the correct consistency of food as per SALT recommendations, and that they felt patients enjoyed the food more.

It was positive to note that patients' records contained detailed individual, familial, social and occupational histories. This is best practice and gives staff an understanding of who each patient is and was prior to experiencing dementia. An awareness of a patient's history helps convey the things that are important and of interest to each patient, which in turn enhances communication from staff, reminiscence therapy and activities planning.

Staff expressed that patient wellbeing was of paramount importance and agency staff told us that they observed the care delivery to be good.

Patients who were able to express their opinions verbally said that staff and the care were good. Patients unable to fully convey their opinions looked comfortable in their surroundings.

Relatives indicated that they were satisfied that the care and services provided in Beechill were safe, effective, and delivered with compassion.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home's environment included a selection of patients' bedrooms, communal lounges and dining rooms, communal toilets, corridors, and storage areas. The atmosphere in the home was relaxed and welcoming. All areas of the home were found to be clean, warm, and well lit. Corridors and fire exits were uncluttered and clear of obstruction.

Communal areas were adequately decorated with homely touches, such as pictures of local landmarks, seasonal Easter decorations, and photos of patients engaging in social activities.

Patients' bedrooms were found to be clean and personalised with items of interest or importance to each patient. Bedrooms and communal rooms were appropriately furnished.

COVID-19 information was on display at the entrance of the home and hand sanitiser and PPE was made available to all visitors entering the building. Visitors had a temperature check and health declaration completed for track and trace purposes. Visiting to patients was by appointment only and relatives were encouraged to complete lateral flow tests (LFT) before arriving at the home. The home was participating in the regional testing programme for patients and staff, and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were seen to carry out hand hygiene at key moments and to use PPE appropriately. Audits of staff compliance with infection prevention and control (IPC) practices were conducted on a regular basis.

Staff said that they felt informed and up to date in relation to the COVID-19 guidance.

Infection prevention and control audits were completed on a regular basis by the Manager or an appointed staff member. The Trust IPC team also conducted a visit to the home on 11 February 2022 and the home maintained a record of the findings and any recommendations made.

Observations of the environment and discussions with staff confirmed that there was ample supply of PPE, hand sanitiser, and cleaning materials. PPE stations were positioned at strategic locations around the home. It was noted that the alcohol hand sanitiser supplied at these stations was stored insecurely; an area for improvement was identified.

Storage areas were found to be tidy and well organised, however, some clean linen was stored on the floor. Patients' bedrooms were provided with countertop organisers to store toiletries such as toothbrushes separate from razors or combs; however, the use of this system was inconsistent. This area for improvement was stated for a second time.

Patients told us that they were happy with their bedrooms and the environment.

Relatives did not express any concerns relating to the environment or infection prevention and control management.

5.2.4 Quality of Life for Patients

Staff demonstrated respect for patients' privacy and dignity by the manner in which they supported them, for example, discussing patient care in a confidential manner, using patients' preferred names, and knocking on bedroom doors before entering.

Each patient had their own routine and chose where they spent their time. For example, some patients preferred to spend time in their own bedrooms while others preferred communal areas for company. Staff demonstrated an awareness of each patient's daily routine.

An activities programme was available and on display for patients, staff and relatives to see. Planned activities included: sensory therapy, hand massages, reading, doll therapy, exercises, games, and movie sessions. The activities coordinator was not on shift during the inspection and staff were seen making use of board games, puzzles, reading and music materials for patients.

Individual activities records were maintained for each patient.

Visiting arrangements were in place and reflective of the Department of Health (DoH) visiting pathway.

Patients and their representatives should be consulted about their views on living in and visiting the home. This helps to foster a culture of engagement and inclusion, in which patients' and relatives' opinions are at the heart of ongoing improvement planning. Records showed that while communications from Four Seasons Healthcare had been sent to patient representatives in relation to ongoing COVID-19 guidance and future changes to its organisational structure, no formal consultation had occurred to obtain patient and relative opinions about the running of the home. This was identified as an area for improvement.

Patients told us they were happy living in Beechill and staff said that the quality of care provided to patients was important to them.

One relative told us that they were "very happy with the care our relative receives."

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staff practices or the environment.

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 an application for her registration with RQIA is ongoing.

Written communications have been sent to patient representatives and staff since the previous inspection informing them that Four Seasons Healthcare is due to relinquish its role as registered Provider and that ownership of the Home will be changing.

Staff told us that they were happy with the management arrangements and said that they felt they could approach the Manager at any time and with any concerns. Staff did not express any worries or concerns about the planned change in Provider.

It was positive to note that the Manager maintained a record of compliments received about the home and shared these compliments with staff. One recent card read, "Just want to say how much I loved your care 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 provided by the home, including accidents and incidents, complaints and compliments, care records, wound analysis, restrictive practices, IPC, and equipment such as hoists.

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 aspects of the running of the home. The reports of these visits were completed in detail and where improvements were required an action plan was put in place. A written record of the report was provided to the Manager for action. These reports are available for review by patients, their representatives, the Trust and RQIA.

Staff spoke positively about the management of the home and acknowledged that improvements had been achieved in the provision of nutritional care and the stability of staffing levels.

Relatives indicated through the returned questionnaires that they were very satisfied with the management arrangements in the home.

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
Total number of Areas for Improvement	2*	3*

* The total number of areas for improvement includes one that has been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gabrielle McDonald, 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (1 March 2022)	<p>The registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescribers' directions.</p> <p>Ref: 5.1</p> <p>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.</p>
Area for improvement 2 Ref: Regulation 14 (c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all hand sanitisers are safely and securely maintained at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: New hand sanitiser dispensers were purchased and mounted securely to the walls.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 46 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that infection prevention and control deficits identified in this report are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Toothbrush cases have been purchased for all residents in the Home so toothbrushes when not in use are kept clean and cannot come in contact with other toiletries or surfaces. Additional shelf has been added to the linen cupboard and regular checks in place to ensure no items are found to be on the floor of the stores.</p>
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 6 May 2022	<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> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Meetings scheduled on a regular basis, including Health and Safety, Head of Departments and General Staff meetings. Compliance will be monitored as part of the Monthly Reg 29 audit.</p>

Area for improvement 3 Ref: Standard 7 Stated: First time To be completed by: 27 May 2022	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. Ref: 5.2.4
	Response by registered person detailing the actions taken: Face to face group meetings have not taken place due to COVID and the use of technology with the current group of relatives was not appropriate. The Home Manager has had individual consultations with the Next of Kin. The last group survey was completed in 2020.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care