Unannounced Care Inspection Report
16 January 2018

Beechill

Type of Service: Nursing Home (NH)
Address: 12 Royal Lodge Road, Belfast, BT8 4UL
Tel no: 028 9040 2871
Inspector: Dermot Walsh

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 34 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** See box below
Person in charge at the time of inspection: Priscilla Abrenica	**Date manager registered:** Priscilla Abrenica – no application received
Categories of care: Nursing Home (NH) DE – Dementia.	**Number of registered places:** 35

4.0 Inspection summary

An unannounced inspection took place on 16 January 2018 from 09:40 to 16:40 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements, monitoring staff registration status, accident management, supplementary record keeping, communication between residents, staff and other key stakeholders, governance arrangements, management of complaints and incidents, quality improvement, maintaining good working relationships and in relation to the culture and ethos of the home in relation to dignity and privacy.

An area for improvement under regulation was identified in relation to flooring in need of repair/replacement. Areas for improvement were identified under the care standards and included care planning and the provision of activities. Areas for improvement were stated for the second time under regulation in relation to risk assessment and under standards in relation to the provision of drying racks in sluice areas.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*3

*The total number of areas for improvement includes one under regulation and one under standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Pricilla Abrenica, manager and Lorraine Kirkpatrick, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 December 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 December 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients, seven staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an on-line questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the reception area of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 8 January 2018

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager and regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 December 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 8 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 21 (5) (d) (i)	The registered person shall ensure that a more robust system is in place to monitor the registration status of nursing staff in accordance with NMC.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: A review of records evidenced that a robust system was now in place to monitor the registrations of nursing staff in accordance with NMC.	
Area for improvement 2 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	**Met**
	Action taken as confirmed during the inspection: A review of two patients' accident records evidenced that post falls management had been conducted appropriately.	
Area for improvement 3 **Ref:** Regulation 27 (4) (c) **Stated:** First time	The registered person shall ensure that the identified stairwell is not obstructed in any manner which may reduce the free flow of patients in the event of an evacuation.	**Met**
	Action taken as confirmed during the inspection: The identified stairwell and all stairwells located in the home were observed free from any clutter or obstruction.	
Area for improvement 4 **Ref:** Regulation 13 (1) (a) **Stated:** First time	The registered person shall ensure that the practice of propping/wedging open of doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.	**Met**
	Action taken as confirmed during the inspection: During a review of the environment, doors were not observed propped/wedged open. The doors previously observed to have been propped/wedged open all had an appropriate hold open device attached.	
Area for improvement 5 **Ref:** Regulation 15 (1) (a) (2) (a) **Stated:** First time	The registered person shall ensure that all patients are assessed on admission to the home in a timely manner and that these assessments are kept under review in accordance with legislation, care standards and professional guidance.	**Partially met**

	Action taken as confirmed during the inspection: Assessments had been completed in timely manner from admission, though; there was evidence that risk assessments had not been reviewed accordingly. See section 6.5 for further information. This area for improvement has been partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 46 **Stated:** First time	The registered provider should provide drying racks in the sluice rooms in keeping with the management of infection prevention and control.	**Partially met**
	Action taken as confirmed during the inspection: Racks had been fitted to sluice areas; however, these racks were not in keeping with infection prevention and control. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 **Ref:** Standard 44 Criteria (1) **Stated:** First time	The registered person shall ensure that the malodour in the identified room is managed effectively.	**Met**
	Action taken as confirmed during the inspection: There were no malodours detected in the home. The malodour in the identified room had been managed effectively.	
Area for improvement 3 **Ref:** Standard 7 **Stated:** First time	The registered person shall ensure that there is a system to provide feedback from the opinions and views of patients and their relatives/representatives on the daily running of the home and, where appropriate, the actions taken to address shortfalls in this service delivery.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that all feedback since the last care inspection had been positive. The feedback had been discussed on a one to one basis and planned	

	reports would be displayed on the noticeboard at the entrance to the home.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Dependency levels in the home were monitored using a Four Seasons Health Care (FSHC) dependency tool; Care Home Equation for Safe Staffing. A review of the duty rota for week commencing 8 January 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. There was also documentary evidence available that new agency staff completed an orientation/induction prior to commencing their first shift.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff consulted confirmed that the training which they received was relevant to meet with their roles and responsibilities within the home. Observation of the delivery of care evidenced that training had been embedded into practice.

Competency and capability assessments for nurse in charge of the home in the absence of the manager had been completed appropriately and included evidence of oversight from the manager and date and signature of the registered nurse on completion.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). A previous area for improvement made in this regard has now been met.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. There were no recent or ongoing safeguarding concerns relating to the home. A home specific safeguarding flowchart was on display at staffing areas and identified the FSHC safeguarding champion; deputy safeguarding champion and the home's safeguarding lead person. Discussion with the manager confirmed that there were arrangements in place to embed the regional operational safeguarding policy and procedure into practice when required. A

guidance checklist for staff on 'what to do if abuse is suspected' was available on noticeboards at staffing areas.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was also evidence that some identified risk assessments had not been reviewed appropriately. This will be further discussed in section 6.5. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A review of two accident records evidenced that falls were managed in accordance with best practice. An area for improvement in this regard made at the previous care inspection was met.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of recent fire drills which had occurred. A fire risk assessment of the home had been appropriately conducted in May 2017 and the home's response to the risk assessment was available for review.

A review of sluicing rooms in the home evidenced that racks had been applied to these areas. However, the racks which had been fitted were not in compliance with best practice in infection prevention and control. An area for improvement made in this regard at the previous inspection has been stated for the second time.

During the review of the environment, the flooring to two separate identified areas was observed in need of repair/replacement. Both areas could not be effectively cleaned given the damage observed and one of the areas presented a trip hazard. A temporary measure was applied to this area during the inspection to remedy the trip hazard. Both areas were discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, monitoring staff registration status and accident management.

Areas for improvement

An area was identified for improvement under regulation in relation to flooring in two areas requiring repair/replacement.

An area identified for improvement under standards in relation to the provision of drying racks in sluicing areas was stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and in a timely manner. There was evidence that risk assessments informed the care planning process. However, there was also evidence that identified risk assessments had not been reviewed and/or updated accordingly. This was discussed with the manager and an area for improvement made in this regard at the previous inspection has been stated for the second time.

There was evidence within one patient's care records that the plan of care had not been updated to reflect actual care given. Patient records indicated the need for additional equipment for care provision, though, this equipment was not present in the patient's room and discussion with staff confirmed that the patient did not require it. This was discussed with the manager and identified as an area for improvement.

Supplementary care charts such as bowel management, reposition and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

The manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The manager also confirmed that they would undertake daily walks around the home and would avail of the opportunity to engage with patients and relatives at this time. Notices for relatives/representatives attention were displayed at the reception area and the entrance to the home.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives. Feedback from the outcome of these surveys to staff, patients and their representatives was discussed during feedback as outlined in section 6.2.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supplementary record keeping and communication between residents, staff and other key stakeholders.

Areas for improvement

An area was identified for improvement under standard in relation to the review of patients' care plans to reflect actual care given.

An area was for improvement under regulation in relation to the review of risk assessments was stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The serving of lunch was observed in the dining room on the first floor. Lunch commenced at 12.40 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to whom the food was served. Potatoes, meat and vegetables were clearly distinguishable in puree meals. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements. A pictorial menu was on display on the wall of the dining room. The menu was not reflective of the food served and did not appear to be in regular use. This was discussed with the manager for their review and action as appropriate.

In the temporary absence of an activities person in the home cover had been provided two days per week. No activities were observed during the inspection and there was no formal arrangement in the home for any further activity provision during the planned absence of the activities person. This was discussed with the manager and identified as an area for improvement.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Seven staff members were consulted to determine their views on the quality of care within Beechill.

Some staff comments were as follows:

- "I love to work here."
- "I really enjoy working here."
- "I am very happy working here."
- "I love it here."
- "I am happy working here. I like it."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Eight patients were consulted during the inspection.

Some patient comments were as follows:

- "I love it here. It is very nice."
- "It's very nice here."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires was returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

- "I think that the care provided by Beechill is generally of a high standard. I find the staff friendly and pleasant to me as a relative."
- "I can't complain."
- "The home is always clean and tidy. Staff do their best."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in relation to dignity and privacy.

Areas for improvement

An area was identified for improvement under care standards in relation to the provision of activities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The manager of the home, Pricilla Abrenica, was in the process of making an application for the registration of manager with RQIA.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.
Some examples of compliments received are as follows:

- "I am writing to express our sincere thanks for the professional care, compassion and kindness shown to my father … during his time at Beechill Nursing Home."
- "Many thanks for your help and understanding and helping to make … stay less traumatic for both of us."
- "It was also a great comfort to us to see him always with a smile on his face. We greatly appreciate all that you did for dad."

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Care record audits conducted in the home were reviewed. The manager described the actions taken in response to identified shortfalls. There was evidence of oversight of audit activity from the regional manager.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained with evidence of oversight from the manager and staff signature and date where appropriate.

Governance records verified that a legionella risk assessment had been conducted in the home on 7 February 2017. A report had been completed and due for review on 3 February 2019.

There was documentary evidence available of examination for all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER). Dates of examination, findings, actions taken and dates next due were recorded.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pricilla Abrenica, manager and Lorraine Kirkpatrick, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 15 (1) (a) (2) (a) **Stated:** Second time **To be completed by:** 31 January 2018	The registered person shall ensure that all patients are assessed on admission to the home in a timely manner and that these assessments are kept under review in accordance with legislation, care standards and professional guidance. Ref Sections: 6.2 and 6.5
	Response by registered person detailing the actions taken: This has been actioned.A robust system has now been put in place to review and monitor the records of newly admitted patients, their assessment needs,and risk assessments to ensure the completion of the documentation in a timely manner.The registered manager checks every new patient's file to ensure compliance.
Area for improvement 2 **Ref:** Regulation 27 (2) (b) **Stated:** First time **To be completed by:** 31 March 2018	The registered person shall ensure that the flooring in the two identified areas within the home is repaired/replaced to ensure the safety of persons using them and to allow for their effective cleaning. Ref: Section 6.4
	Response by registered person detailing the actions taken: This has been actioned.The flooring in the two identified areas has been repaired and replaced. Staff to be more observant when doing the daily walkabout audit and staff to ensure to report to the maintenance man or to the manager if they notice any health and safety issues.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 31 March 2018	The registered provider should provide drying racks in the sluice rooms in keeping with the management of infection prevention and control. Ref: Sections 6.2 and 6.4
	Response by registered person detailing the actions taken: This has been actioned. Proper drying racks have been fitted to sluice areas to keep the management of infection prevention and control. This is to be included in infection control monthly audit.

Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 31 January 2018	The registered person shall ensure that the identified patient's plan of care is updated as required to ensure that the plans of care are reflective of current care provision. Ref: Section 6.5
	Response by registered person detailing the actions taken: This has been actioned. A robust system is now in placed to monitor the record files of each patient. This to ensure that the plans of care are updated and reflective to the current care intervention.
Area for improvement 3 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 31 January 2018	The registered person shall ensure that the current provision of activities within the home is reviewed to enable patients to receive meaningful activity engagement. Ref: Section 6.6
	Response by registered person detailing the actions taken: his has been actioned. Delegation of staffs has been assigned to provide an activity engagement to the residents .

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

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