



Unannounced Care Inspection Report 3 November 2020



Beechvale Nursing Home

Type of Service: Nursing Home (NH)
Address: 35 Beechvale Road, Killinchy, BT23 6PH
Tel No: 028 9754 1166
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 42 persons.

3.0 Service details

Organisation/Registered Provider: Beechvale Nursing Home Limited Responsible Individual: Richard Porter	Registered Manager and date registered: Kathie-Anne Walker 10 October 2017
Person in charge at the time of inspection: Kathie-Anne Walker	Number of registered places: 42
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 37

4.0 Inspection summary

An unannounced care inspection took place on 3 November 2020 from 12:45 to 17:40.

The care inspection was paused from 14:00 to 15:15 in order for a Pre-Registration inspection of the premises to be undertaken by the care inspector and the estates inspector. This inspection sought to assess an application submitted to RQIA for the registration of a new bedroom extension in order to increase the number of registered places from 42 to 50 at Beechvale Nursing Home. The announced Pre-Registration Care and Estates Inspection report is a separate report that can be accessed on the RQIA website.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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 following areas were examined during the inspection:

- the environment/infection prevention and control (IPC)
- staffing and care delivery
- patients' records
- governance and management.

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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kathie-Anne Walker, 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.

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
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with three patients individually, small groups of patients in the lounge and ten staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 26 October to 8 November 2020
- staff training
- a selection of quality assurance audits
- daily cleaning schedule
- incident and accident records
- compliments record
- complaints record
- two patients' neurological records

- two patients' reposition charts
- a selection of patients' supplementary care charts regarding night-time checks
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2020.

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 13 (1) (b) Stated: First time	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are completed for twenty-four hours.</p> <p>Ref: 6.2.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of two patients' neurological charts evidenced that they had been completed for twenty-four hours post unwitnessed fall. This area for improvement has been met.</p>	
Area for improvement 2 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure that there is no delay in sending notifications to RQIA.</p> <p>Ref: 6.2.5</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager and review of a selection of notifications sent to RQIA from 7 March to 4 October 2020 evidenced that this area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 4.9 Stated: Second time</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.1</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the manager and review of two patients' reposition charts evidenced that they were well documented. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure that the cleaning schedule is monitored and adhered to in order to maintain the decontamination of hoists, walking aids, wheelchairs and shower chairs in the home in relation to best practice regarding infection prevention and control.</p> <p>Ref: 6.2.3</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the manager, equipment spot checks and review of the daily, cleaning schedule from 30 October to 2 November 2020 evidenced that the decontamination of hoists, walking aids, wheelchairs and shower chairs had been maintained. This area for improvement has been met.</p>	

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control (IPC)

On arrival to the home, the inspectors were required to undergo a temperature and symptom check. The manager advised that all staff had a temperature and symptom check upon arrival to work and at the end of their shift. A record of this was maintained.

We observed that personal protective equipment (PPE), for example face masks, gloves and aprons were available throughout the home for staff and were used appropriately. Dispensers containing hand sanitiser were observed to be full and in good working order.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. It was noted that the cleaner's store was locked appropriately.

New furniture and equipment was observed to be inappropriately stored in the downstairs lounge. This was discussed with the manager who advised that it had been ordered for the new building extension and would be put in place as they were currently organising the new bedrooms. This will be reviewed at the next care inspection.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice.

Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 26 October to 8 November 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the 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 and that staff attended to patients' needs in a timely and caring manner.

We observed the moving and handling of a patient with the assistance of two staff in the lounge. Transfer from the patient's chair to their wheelchair was provided by the safe and correct use of specialist equipment, while respecting the patient's dignity.

After lunch, the activity therapist and care staff were observed to facilitate a lively history discussion with use of a flip chart. Patients appeared to enjoy the experience. Government guidelines regarding social distancing for the small group of patients in attendance were seen to be adhered to.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Beechvale Nursing Home. We also sought the opinion of patients and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three patients commented:

“I’ve no concerns and I’m ok.”

“They’re not bad. They get me what I need.”

“Everything’s ok and I’m not concerned about anything.”

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. The manager advised that she has ‘flash meetings’ in order to update staff on current information.

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 the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks had been received by the home. Some of the comments recorded included:

“We appreciate your open and honest communication and your compassion, care and respect shown to Daddy.”

“Everyone we met was polite and considerate of not just ... needs but my family’s as well.”

6.2.3 Patient records

Review of two patients’ neurological records evidenced that unwitnessed falls are managed in line with current best practice and that neurological observations are completed for twenty-four hours in order to adhere to post fall protocol.

Two patients’ reposition charts were reviewed and were found to be well documented and completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.

Review of a selection of patients’ supplementary charts in relation to night-time checks were observed to be well maintained.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. There was a system in place to monitor staff's compliance with mandatory training. During the inspection the manager confirmed that all staff had received face to face fire awareness training and provided us with a copy of the mandatory training record. It was noted that staff had completed training in 2020 regarding adult safeguarding, dementia awareness, infection prevention and control and moving and handling.

We discussed staff training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). The manager confirmed that processes and policies were in place to manage and review DoLS within the home.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding IPC practices, including hand hygiene, and the patient dining experience.

Review of records from 30 October to 2 November 2020 evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to IPC measures. Records were noted to be well documented. The manager advised that the daily cleaning schedule is monitored by the clinical lead nurse or nurse in charge.

We reviewed accidents/incidents records from 9 June to 13 September 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

The manager advised that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, no records or action plans were available to view for September and October 2020. The availability of monthly quality monitoring reports for inspection was discussed with the manager and an area of improvement was identified.

The manager advised that no complaints had been received in the home since January 2020.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Staff spoken with commented:

“We are a good team. The manager is approachable and everyone is nice and supportive.”

“I love it here. We have good support and a good team.”

“We are like one big happy family.”

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of PPE, in relation to the cleanliness of the environment and the personalisation of the patients’ bedrooms. Good practice was found regarding adult safeguarding, management of accidents/incidents and communication between patients and staff.

Areas for improvement

One area requiring improvement was identified in relation to the availability of monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of personal protective equipment. Measures had been put in place in relation to IPC to keep patients, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding good working relationships.

Correspondence received from Richard Porter, responsible individual, on 4 November 2020 included copies of completed, monthly quality monitoring reports for 30 September and 30 October 2020. On review, there was evidence within the records that the previous month’s action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathie-Anne Walker, 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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed:</p> <p>Immediate action required</p>	<p>The registered person shall ensure that a copy of monthly quality monitoring reports are held within the home and are made available for the inspector to view on request.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person had the Quality Monitoring report file at home as he was having to self isolate due to an alert on his track and trace app. He was unable to present it on the day as he was still in isolation however he did send the report via email to the Inspector.</p>
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