



The Regulation and
Quality Improvement
Authority

Beechvale Nursing Home
RQIA ID: 1059
35 Beechvale Road
Killinchy
BT23 6PH

Inspector: Heather Sleator
Inspection ID: IN021682

Tel: 028 9754 1166
Email: beechvale@aol.com

**Unannounced Care Inspection
of
Beechvale Nursing Home**

8 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 8 March 2016 from 09.30 to 17.30.

The focus of this inspection was to determine what progress had been made in addressing the recommendations made during the previous care inspection on 4 November 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 4 November 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5*

*The total number of recommendations includes one recommendation stated for a second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Anne Donnelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Beechvale Nursing Home Limited Richard Porter	Registered Manager: Anne Donnelly
Person in Charge of the Home at the Time of Inspection: Anne Donnelly	Date Manager Registered: 31 March 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 42
Number of Patients Accommodated on Day of Inspection: 24	Weekly Tariff at Time of Inspection: £604 - £638 per week

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

Correspondence was received by RQIA on 3 March 2016 regarding concerns in the following areas:

- patients were being bed bathed by night staff from 05.00
- poor moving and handling techniques by staff
- attitude of staff

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that the information received would be forwarded to South Eastern Health and Social Care Trust (SEHSCT) for investigation in accordance with the Regional Safeguarding of Vulnerable Adults Policy 2015. This information was forwarded to Christina Doyle, primary care manager, SEHSCT on 3 March 2016 who agreed to investigate the concerns. The investigation by SEHSCT had commenced at the time of the inspection. SEHSCT agreed to inform RQIA of the findings and outcome of their investigation when concluded.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the Registered Person, Richard Porter
- discussion with the Registered Manager, Anne Donnelly
- discussion with one registered nurse
- discussion with care staff
- discussion with patients
- discussion with patient representatives
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with 10 patients individually and with others in smaller groups; five care staff, one registered nurse and ancillary staff.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 4 November 2015

The following records were examined during the inspection:

- staff duty rotas
- care records relating to:
 - continence management
 - palliative/end of life care
- complaints record
- compliments record

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 4 November 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 4.8 Stated: Second time	Care records should evidence: <ul style="list-style-type: none"> - the type of continence product in use and the level of assistance and support required. 	Met
	Action taken as confirmed during the inspection: The review of eight care records evidenced that six of the eight records contained the required information. The two care records which did not specify the type of continence product required were discussed with the manager. The manager stated the primary nurse responsible for these two patients had left employment in the home and this may be why the information was not detailed. The manager agreed to review and update the two care records immediately.	
Recommendation 2 Ref: Standard 19.6 Stated: First time	Care records should evidence a consistent approach by nursing staff in the discussion of breaking bad news and/or end of life wishes with the patient and/or the patient's representative.	Met
	Action taken as confirmed during the inspection: The review of care records evidenced that a comprehensive section had been added to the computerised records which included palliative/end of life care information.	

<p>Recommendation 3</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p>	<p>The delegation of duties and the deployment of staff throughout the 24 hour period should be reviewed. The focus of the review should be to ensure working practices in the home effectively and safely meet the assessed nursing care, social and recreational needs of the patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and staff did not evidence that the delegation of duties and deployment of staff throughout the 24 hour period had changed. Please refer to section 5.3.1 for further information. This recommendation has been subsumed into a requirement within this report.</p>	<p>Not Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p>	<p>There should be sufficient staff available, at mealtimes, to assist patients with their meals in a timely manner. A registered nurse should be available at mealtimes to direct staff and monitor the nutritional intake of patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the midday meal and discussion with staff confirmed there were generally sufficient staff on duty to assist patients with their meals. Registered nurses confirmed they assist care staff in the dining room at mealtimes.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.8</p> <p>Stated: First time</p>	<p>Patients who require a specialised or therapeutic diet are offered hot and cold drinks and snacks at regular intervals throughout the day.</p> <p>Ref: Section 5.5.2</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff did not confirm that patients who require a specialised diet are offered hot and cold drinks and snacks at regular intervals throughout the day. Staff stated it depended if there were enough staff on duty and if they had time to assist patients with drinks and snacks. This was discussed with the manager who stated she was unaware that not all patients received mid-morning and mid-afternoon drinks and snacks.</p>	<p>Not Met</p>

5.3 Additional Areas Examined

5.3.1 Care Practice

A recommendation of the previous inspection of 4 November 2015 was that the delegation of duties and the deployment of staff throughout the 24 hour period should be reviewed to ensure care practice effectively and safely meet the needs of the patients; please refer to section 5.2, recommendation 3 above. Discussion with staff and a review of care practice did not evidence a significant improvement in the following areas:

Personal care

The review of the home's bathing scheduled evidenced that night staff had the responsibility of bathing/showering 12 of the 24 patients in the home. Records did not evidence what time this was to occur with the exception of three patients whose personal care needs were to be attended to prior to going to bed. Care records did not evidence the preferred time of rising or retiring for patients. Discussion with staff confirmed that night staff 'wash' a number of patients before they go off duty at 8.00. The manager confirmed night staff's responsibility regarding personal care and stated that staff did not wake patients from their sleep to do so. However, it was concerning that there was no evidence in patients care records to support the rationale for the delivery of personal care in the early morning for this significant number of patients. A recommendation has been made.

It was also concerning that the routines and systems of the home had not been reviewed as previously recommended in November 2015 to ensure that they did not unduly intrude on patients sleep. Staff must respect and support patients need for quality sleep; interruptions and disruptions at night time should be kept to a minimum. In view of the lack of compliance with the previous recommendation and concerns from this inspection, a requirement in respect of reviewing the deployment of, and duties of staff throughout the 24 hour period, has been made.

Nutrition, Meals and Mealtimes

During discussion, care staff were unable to confirm that patients who required a specialised diet were consistently offered hot and cold drinks and snacks throughout the day. Staff stated it depended how many staff were on duty and if there was time to spend assisting patients with their nutritional needs. The manager stated that she was not aware that this was the practice in the home. All patients should be offered hot and cold drinks and snacks throughout the day. This recommendation made in November 2015 has been stated for a second time. It is the responsibility of the registered manager to ensure there are sufficient numbers of staff on duty, at any given time, to meet the needs of the patients. A recommendation has been made.

The observation of the serving of the midday meal did not evidence that dining tables were appropriately set. Dining tables did not afford patients a choice of condiments, placemats/settings were not in evidence and napkins were not available at the tables. A recommendation has been made that dining tables are appropriately presented at each mealtime. A staff member was observed bringing a meal from the kitchen to the dining room uncovered and not on a tray. The manager agreed this practice would cease and a tray would be used in future. However, the quality of the meal provided and the choice available to patients was very good.

5.3.2 The Environment

The number of patients which can be accommodated in the home had increased from 29 to 42 in February 2016 as building works of an extension to the home were completed. The extension provides en-suite single room accommodation, bathroom and shower facilities, lounge and dining areas and new laundry facilities. All works had been completed to a very high standard. Work has now commenced to upgrade some areas of the original home which includes; a new lift to be installed, upgrading of the kitchen, new office areas and upgrading of the patients bedrooms in this part of the home. It is anticipated that all areas of building works will be completed by July 2016. The registered person, Richard Porter, has kept RQIA informed at all stages of the building works.

5.3.3 Staffing Arrangements

Two weeks of staff duty rotas were reviewed. The dates reviewed were 29 February 2016 to 14 March 2016. The review evidenced that there had been a lack of continuity regarding the number of staff rostered to be on duty, on any given day. This was discussed with the manager who stated that she felt there were adequate numbers of staff on duty to meet the needs of patients. The manager also stated she was trying to recruit registered nurses as with the anticipated increase in patient numbers additional nursing hours were required. The layout of the home has changed due to the newly opened extension. Some patients remain in the original part of the building and the supervision of patients may be more problematic as patients are no longer all in the same area. The manager stated she had taken this into account regarding the duty rota. As stated in section 5.3.1 above, it is the registered manager's responsibility to ensure there are sufficient staff on duty to meet the needs of patients. The duty rota should reflect not only the number and needs of the patients but also take into account, for example: the layout of the building, the time of day, the workload /duties to be undertaken and the supervision of patients. A recommendation has been made.

As there were a number of issues of concern raised by staff (section 5.3.4 below), increasing the frequency of staff meetings was discussed with the manager. Increasing communication between staff and management may assist with alleviating staffs concerns and engender greater cohesiveness amongst the staff team. A recommendation has been made.

5.3.4 Patients, Staff and Patient Representatives Views

During the inspection process, 10 patients, eight staff, and two patient representatives were consulted with to ascertain their personal view of life in Beechvale Nursing Home. The feedback from the patients and representatives indicated that safe, effective and compassionate care was being delivered in Beechvale Nursing Home. Staff comments related to operational issues within the home; however, staff did feel that patients were well cared for.

Some patients' comments received are detailed below:

"It's lovely here."

"It's very friendly here."

"We are well taken care of here."

"The care is very good."

Two patient representatives consulted with were very positive about the care provided and commented:

“Staff are terrific.”

“Very good here.”

“Staff are on the phone straight away if there is anything I need to know.”

Representatives also commented:

“More staff are needed now as the home is so big”

“Even need more domestic staff now”

“Staff don’t have time, they’ve been short staffed recently, there are more staff on today and it was good to see 2 of them doing nails and talking to patients in the lounge.”

The general view from staff was that they took pride in delivering safe, effective and compassionate care to patients; however, some raised issues of concern:

“No continuity about the snack trolley.”

“Some staff (Nurses) say put patients to bed and some say don’t.”

“Patients who go back to bed in the afternoon don’t get up again due to staffing.”

“Some staff very rigid about the rules.”

“Staff rota, no consistency of the number of care staff on duty, some mornings only 3.”

“Management aren’t supportive and don’t listen.”

“Not being listened too.”

The registered person, Richard Porter, and the manager, Anne Donnelly, were informed of the comments made by staff and patients representatives. Both were disappointed to hear some of the comments and agreed to address the issues raised.

Areas for Improvement

A requirement is made that the delegation of duties and the deployment of staff throughout the 24 hour period are reviewed. Staff duties should be conducive to the needs and preferences of the patients.

It is recommended that the preferred rising and retiring time of patients is stated in patients care records.

It is recommended that patients, who require a specialised diet, are offered hot and cold drinks and snacks at regular intervals throughout the day. This recommendation is stated for the second time.

It is recommended there are sufficient numbers of staff on duty to meet the assessed nursing care, social and recreational needs of the patients.

It is recommended that dining tables are appropriately and attractively set at all mealtimes.

It is recommended that the frequency of staff meetings should increase.

Number of Requirements:	1	Number of Recommendations	5
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Richard Porter, registered person and Anne Donnelly registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 13 (1)
(a) and (b)

Stated: First time

To be Completed by:
30 April 2016

The registered person shall ensure the nursing home is conducted so as-

- (a) To promote and make proper provision for the health and welfare of patients:
- (b) To make proper provision for the nursing and where appropriate, treatment and supervision of patients.

Ref: section 5.3.1

Response by Registered Person(s) Detailing the Actions Taken:

The overall deployment of staff has been reviewed again to ensure that the home is conducted in a manner that promotes the welfare of the residents and associated health and well being. This review included a care staff forum since the inspection. Key outcomes were

a) the overall view from staff is that the standard of care provided at Beechvale is very high. Feedback from a recent survey of residents and families was excellent. This has resulted in Beechvale being rated the number 3 carehome in Northern Ireland by carehome.co.uk (see our website for testimonials).

b) There were specific suggestions that would help in the overall daily routine of staff, which in turn would help in the overall provision of care. Many of these have not been implemented and initial feedback is that this is helping. Examples include when trollies are restocked and where sundry items (gloves/ wipes / incontinence products etc) are stored

c) An "Allocation Sheet" is now being used for certain duties that are undertaken throughout the day.

d) Further equipment has been and is being purchased, such as shower screens for the new en-suite rooms.

Staffing levels are discussed in response to recommendation 3.

Recommendations

Recommendation 1

Ref: Standard 12.11

Stated: Second time

To be Completed by:
30 April 2016

It is recommended that patients, who require a specialised or therapeutic diet, are offered hot and cold drinks and snacks at regular intervals throughout the day.

Response by Registered Person(s) Detailing the Actions Taken:

A review of the deployment of staff on a daily basis has ensured that hot and cold drinks and snacks are offered to all residents at regular intervals throughout the day.

The registered manager will monitor this to ensure this continues.

<p>Recommendation 2</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>It is recommended patients are enabled to exercise choice and give their consent regarding the provision of intimate care, including, but not limited to:</p> <ul style="list-style-type: none"> • continence promotion and management; and • the frequency and timing of such care <p>Ref: section 5.3.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Primary nurses are reviewing all care plans to ensure the residents preferred time of rising and retiring and consent regarding the provision of intimate care is documented in their individual care plan. Where residents are unable to express their wishes family involvement will be sought to identify residents wishes. Since the inspection there has been an increased focus on personalising care plans.</p> <p>Staff are continually developing the use of the recently implemented Goldcrest computerised care system and strive to improve on the standard of care plans.</p> <p>The anonymous correspondence which was received by the RQIA on 3 March regarding concerns in the areas of bedbathing times, moving and handling techniques and attitude of staff highlighted a potential breach of regulations and associated standards. The information was forwarded to South Eastern Health and Social Care Trust for investigation in accordance with the Regional Safeguarding of Vulnerable Adults Policy 2015. The investigation by the trust had commenced at the time of the inspection.</p> <p>Although the contents of the complaint caused grave concern to the management team at Beechvale, the investigation into the allegations was welcomed to identify areas for improvement and the company adopted the attitude to be open and transparent and fully co-operated with the trusts investigation.</p> <p>The safe guarding team spoke to residents with capacity, families and significant others and concluded that residents and their families were very satisfied with the care provided and Beechvale was their home of choice. This is reflected in the recent care homes survey which has placed Beechvale No 3 in Northern Ireland.</p> <p>All care staff across days and nights were interviewed. Staff were reassured and encouraged by management to be honest with the interviewers.</p> <p>With the co-operation of staff who came into Beechvale off their annual leave and days off, some even stayed on after night shift to accommodate the schedule and made it possible to complete all interviews over just 2 days and the investigation was closed. Although comments from care staff to the inspector on the 8th March indicated a lack of team cohesiveness, it was evident from the</p>
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	<p>commitment and effort from all involved in the investigation that the team at Beechvale have all the qualities required for effective team working.</p> <p>Although the investigation did add significantly to staff stress especially at a particularly difficult phase of the renovation works within the home it was a great relief to all concerned that there was no breach in regulations or associated standards.</p> <p>The event triggered a full review of associated policies, complaints, safeguarding vulnerable adults and whistleblowing policy.</p> <p>Staff were informed of the outcome and were thanked for their full co-operation and congratulated on the high standard of care provided with the home.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>It is recommended that the registered manager ensures that at all times, suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are appropriate for the health and welfare of the patients.</p> <p>Ref: sections 5.3.1 and 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Beechvale currently has 7 experienced registered nurses on contracted hours and 3 bank nurses. One of the bank nurses is due to take up a permanent post on 9th May and one other does work regular shifts and is very much a part of the professional team.</p> <p>A further three experienced nurses have expressed a serious interest in Beechvale with a view to joining our bank staff list in the first instance.</p> <p>The company endeavours not to use agency nursing staff to provide care and with the commitment of our own nurses it has been possible to meet the nursing needs of residents without sourcing from agencies. In addition to professional staff, Beechvale employs 9 senior care assistants on day duty who have a wealth of experience in the delivery of care and most have worked in Beechvale for many years.</p> <p>The review of staffing arrangements on the day of inspection evidenced a lack of continuity regarding the number of staff rostered to be on duty for the 2 weeks 29th February to 14th March. On the 29th February there were only 22 residents in Beechvale with an assessed total dependency of 78 care hours. The number of staff was temporarily reduced by one care assistant in the afternoon which still meant 94 care hours were provided.</p> <p>Although reports from care staff contained in this report as being short staffed, care hours provided have actually been consistently maintained well above our residents care needs and the environmental factors regarding the layout of the home during the renovations have been considered.</p>

	<p>On the 5th March resident numbers increased to 23 residents (dependency 81 hours) and on the 6th March 24 residents (dependency 83hours). The staffing levels were increased to full level at that time (total 102 hours).</p> <p>It is recognised by the management of Beechvale that staff have faced extra challenges with the changing care environment as the home has been undergoing renovation. We would like to thank them for their support during this period which is expect to be concluded by the middle of May.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>It is recommended that the dining experience for patients is reviewed to ensure it is a pleasurable experience for the patients. Dining tables should be appropriately set so as to encourage independent eating.</p> <p>Ref: section 5.3.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Temporary dining arrangements are currently in place due to the renovations. However in a few short weeks Beechvale will have its newly purpose built, fully equipped kitchen with extended adjoining dining area. Management aims to ensure a pleasurable dining experience for residents. A variety of dining tables have been purchased to ensure personalised appropriate seating arrangements for residents at meal times and promote a homely feel the dining area and encourage independence eating. Setting the table in a formal manner will form part of that experience. The reports contents of the findings at the time of the inspection have been communicated to kitchen staff and every effort is being made to enhance the residents experience.</p>

<p>Recommendation 5</p> <p>Ref: Standard 41.8</p> <p>Stated: First time</p>	<p>It is recommended that the frequency of staff meetings should increase to enhance communication between management and staff and facilitate team cohesiveness.</p> <p>Ref: section 5.3.3</p>		
<p>To be Completed by: 30 April 2016</p>	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The comments from staff included in this report have been taken seriously by management and there has been a drive to encourage staff to voice their ideas and actively participate in planning and provision of care. The company is committed to valuing employees and developing communication and team work.</p> <p>All care assistants were invited to attend a forum which took place on 31st March. The meeting was chaired by a senior care assistant and the aim was to encourage staff to freely voice their concerns and ideas regarding care issues and depolyment of staff.</p> <p>No change to the current depolyment of staff was identified however some changes to the management of continence products within the home were suggested and have been implemented. Requests for equipment have been respected and staff are being encouraged to continue to openly communicate their ideas and participate in decisions which will affect policy and planning of the care service.</p> <p>All employee email addresses have been grouped to enhance communication and to facilitate disseminating information. This has been very beneficial to send memos to all staff regarding ongoing building works and has been valubale for keeping staff fully informed during the recent investigation process, planning the program for interviews and the outcomes.</p> <p>Emailing communication with staff enhanced the planning of Beechvales major interactive training event over 3 full days which was very well attended by all staff.</p> <p>Management have received minutes from the meeting and have since held another meeting to address all issues raised. Recently monthly inspections have highlighted that staff are now content and the building works may have been a cause for staff feeling under pressure and discontented.</p>		
<p>Registered Manager Completing QIP</p>		<p>Date Completed</p>	
<p>Registered Person Approving QIP</p>		<p>Date Approved</p>	
<p>RQIA Inspector Assessing Response</p>	<p>Heather Sleator</p>	<p>Date Approved</p>	<p>24/06/16</p>

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