

Inspection Report

19 August 2021



Beechvale Nursing Home

Type of service: Nursing
Address: 35 Beechvale Road, Killinchy, BT23 6PH
Telephone number: 028 9754 1166

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Beechvale Nursing Home Limited</p> <p>Registered Person/s OR Responsible Individual: Mr Richard Porter</p>	<p>Registered Manager: Mrs Kathie-Anne Walker</p> <p>Date registered: 10 October 2017</p>
<p>Person in charge at the time of inspection: Ms Natalie Moore, Nurse in charge 10.30am to 11.30am and 3.00 pm to 7.05pm</p> <p>Mr Filipe Ferreira, Deputy Manager 11.30am to 3.00pm</p>	<p>Number of registered places: 52</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 46</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 52 patients. Patients' bedrooms are located over two floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 August 2021 from 10.30 am until 7.05 pm by the 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.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

Six new areas requiring improvement were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations; health and welfare of patients; infection prevention and control (IPC) practices; and care records regarding pressure relieving devices.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff are included in the main body of this report.

The findings of this inspection provided RQIA with assurance that staff met the care needs of patients in a compassionate manner.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

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, patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were provided to the nurse in charge at conclusion of the inspection and the Manager, post inspection.

4.0 What people told us about the service

During the inspection we spoke with six patients individually, small group of patients in the lounge and dining area and seven staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the Manager was approachable and that they felt supported in their role.

No questionnaires were received from patients, patients' representatives or staff within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Excellent dedicated staff, homely environment, care beyond a service or a job. These amazing humans didn't just give ... a room in a care facility, they took her into their family and provide a home for her final months."

5.0 The inspection

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

Areas for improvement from the last inspection on 3 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 29 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of monthly quality monitoring reports from 30 June 2021 to 30 July 2021 evidenced that they were held within the home and were made available for the inspector to view on request.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a new staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme had been undertaken at the commencement of their employment. However, a physical health declaration for the staff member was unavailable to view. This was discussed with the nurse in charge and the Manager, post inspection.

Information received by RQIA, on 6 September 2021 from the Manager, evidenced that the physical health declaration had been completed and signed by the staff member.

There were systems in place to ensure that staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles

and responsibilities effectively. For example, staff received regular training in a range of subjects including dementia awareness, adult safeguarding, moving and handling, first aid, infection prevention and control and fire safety.

Staff said there was good team work and that they felt supported in their role. Staff also said that, while they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The Deputy Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The Manager's hours, and the capacity in which these were worked, were clearly recorded.

Three staff members spoken with said:

- "It's a good place to work. We're a good team. I have no worries at all."
- "I enjoy work and we have enough staff at present, though it's been busier since the new building opened."
- "The team work well together especially now with the pandemic."

Staff told us that the patient's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly and in a caring and compassionate manner.

Two patients spoken with said:

- "All's good. The staff are attentive and I've no concerns."
- "I've no concerns but if I had, I would speak to the staff and they would sort it out."

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs including what or who was important to them.

Care plans and risk assessments in relation to the use of pressure relieving mattresses were reviewed. Care plans for four patients were unavailable to view as they had not been put in place. It was noted that the pressure relieving mattress for three patients was not set in accordance with the patients' weight and the manufacturer's guidance. This was discussed with the nurse in charge and the manager post inspection. An area for improvement was identified.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, bed rails and alarm mats. Care plans were in place for the management of bed rails.

Review of care records regarding wound management evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Supplementary records concerning food and fluid intake were reviewed and evidenced that they had been completed in an accurate and comprehensive manner.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Care Managers, General Practitioners (GPs), the Speech and Language Therapist (SALT) and Dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes to the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and discreetly offered personal care to patients.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include verbal encouragement through to full assistance from staff.

We observed the dining experience for patients in the dining room and noted that this meal time provided patients with an opportunity to socialise together. Staff made an effort to ensure that patients were comfortable throughout their meal. A choice of meals was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids for those requiring specialised diets and how to provide personalised care to patients who needed varying degrees of assistance with eating and drinking. Staff assisted patients in an unhurried manner. Patients said that they enjoyed lunch.

A patient spoken with said: "I'm glad that I'm here. They look after me well and the food's good. The staff are kind."

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout. The domestic store was noted to be appropriately locked.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Wardrobes within three patients' bedrooms had not been appropriately secured to the wall. This was discussed with the nurse in charge during the inspection and the manager post inspection; an area for improvement was identified.

Correspondence from the manager on 23 August 2021 advised that the identified wardrobes had been secured to the walls.

On review of the home's environment, inappropriate storage of items and equipment was observed in identified bathrooms. Some items that had the potential to be shared communally, were seen to be stored on the floor, in baths or on window sills. In an identified bathroom a wheelchair, a commode and a soap dispenser that required to be wall mounted, was observed to be sitting on the sink beside a pouch of liquid soap. The waste bin in the visitor's bathroom was in disrepair and required to be replaced and a trolley with clean linen was noted to be stored in the sluice room. This is not best practice regarding IPC. An area for improvement regarding infection prevention and control was identified.

Correspondence from the manager on 23 August 2021 advised that inappropriate storage in bathrooms has been addressed and that the bin in the visitor's bathroom had been replaced. Further correspondence from the Manager on 6 September 2021 advised that the linen trolley within the sluice room had been removed.

An unsupervised sluice room door on the ground floor was observed to be unlocked; this allowed for access to some cleaning materials which potentially posed a risk to patients. In addition, several laundry products were observed to be stored in an insecure manner within the first floor linen room. The safe storage of such items was discussed with the nurse in charge and an area of improvement was identified.

Correspondence from the manager on 23 August 2021 advised that all identified products had been stored appropriately and that staff have been reminded to ensure the sluice room remains locked when not in use.

It was concerning to see that the door of the electric cupboard and the cupboard next to it, housing the heating system had not been securely locked: this posed a potential risk to patients and was brought to the attention of the deputy manager who locked both cupboards immediately. An area for improvement was identified.

Correspondence from the manager on 23 August 2021 advised that staff have been reminded to ensure both cupboards are kept locked at all times when not in use.

Corridors and fire exits were clear from clutter and obstruction.

The deputy manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had their temperature checked and were required to complete a health declaration upon arrival at the home. They were also required to wear Personal Protective Equipment (PPE) such as aprons, masks and/or gloves.

The nursing sister advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in compliance with Department of Health and the Public Health Agency guidelines.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and while

the majority of staff were observed to use PPE in accordance with the regional guidance, some did not. An area for improvement was identified.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and which food and drink they preferred. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of their time in their room and staff were observed supporting patients to make these choices.

There was a range of activities provided for patients by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities. After lunch, the activity therapist played the piano and facilitated a singalong which patients said they enjoyed.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

There were suitable systems in place to support patients to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Mrs Kathie-Anne Walker has been the Manager of this home since 10 October 2017. The Manager was unavailable on the day of inspection.

It was noted that the current certificate of registration issued by RQIA not on display in the foyer of the home. The previous registration certificate dated 28 April 2020 was observed to be displayed.

Discussion with the Manager, on 10 September 2021 confirmed that the current registration certificate had been received and that it is now displayed appropriately in the foyer of the home.

A review of records confirmed that a robust process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional safeguarding protocol and the home's safeguarding policy. The manager, Mrs Kathie-Anne Walker was identified as the appointed safeguarding champion for the home.

The manager confirmed, post inspection, that staff were aware of deprivation of liberty safeguards (DoLS) and had completed DoLS level 2 training. The manager also advised that arrangements would be made for new members of staff to complete the training as needed. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions should be made safely for all patients. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice. Staff told us they were confident that they could report concerns about patients' safety and poor practice.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the deputy 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 falls, complaints and infection prevention and control practices, including hand hygiene.

The deputy manager advised that no complaints had been raised during 2021 and that systems were in place to ensure that complaints were managed appropriately. The deputy manager stated that complaints were seen as an opportunity for the team to learn and improve.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

Staff commented positively about the Manager and described her as supportive and approachable.

6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness and were observed to be attentive to patients who were unable to verbally express their needs. The home was comfortably warm with no malodour.

Patients were seen to express their right to make choices throughout the day and staff were observed to ensure patients' dignity and privacy.

Six new areas requiring improvement were identified in relation to Control of Substances Hazardous to Health (COSHH), health and welfare of patients, Infection Prevention and Control (IPC) and care records regarding pressure relieving devices.

Thank you to the patients and staff for their assistance and input during the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Natalie Moore nurse in charge, and Mrs Kathie-Anne Walker, Manager, post inspection, 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 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all chemicals are securely stored to comply with the Control of Substances Hazardous to Health (COSHH) regulations at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A keypad has be put on the sluice room door to prevent anyone forgetting to lock it. A sign has also be put on the door reminding all staff that the door must be kept locked at all times.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety; this is in relation to two identified electrical cupboards.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: On the day of inspection the Handy Man was working in these cupboards. I have asked him to ensure when he walks away from them that he locks them. A sign has also been put on the doors as a reminder to keep them locked.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that care plans and risk assessments are in place for the use of pressure relieving mattresses and that mattresses are set in accordance with the patients' weight and the manufacturer's guidance.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans and assessments are up to date.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that wardrobes within patients' bedrooms are securely attached to walls for safety.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All wardrobes are securely fitted to the walls for safety.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that items and equipment is appropriately stored within the home; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection for staff, patients and visitors.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The bathroom in question was not in use at the time of inspection. However equipment has been removed and staff reminded to store equipment in appropriate places.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the IPC training regarding the appropriate use of PPE is embedded into practice.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All staff are trained in IPC regarding PPE. This is fully embedded into practice. The Inspector was informed that one member of staff who took her mask down to breath freely has a medical condition and the other older gentleman (78yrs) forgot temporarily.</p>

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