

# Unannounced Care Inspection Report 27 September 2017



## Beechvale Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 35 Beechvale Road, Killinchy, BT23 6PH**  
**Tel No: 02897541166**  
**Inspector: Donna Rogan**

[www.rgia.org.uk](http://www.rgia.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.

## 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 42 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Beechvale Nursing Home Ltd  <b>Responsible Individual:</b> Richard Porter	<b>Registered Manager:</b> See Below
<b>Person in charge at the time of inspection:</b> Kathie-Anne Stevenson	<b>Date manager registered:</b> Kathie-Anne Stevenson (registration pending)
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 42

### 4.0 Inspection summary

An unannounced inspection took place on 27 September 2017 from 10.00 to 17.15 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 training and development, accident management, the homes environment and the governance arrangements.

Areas for improvement were identified in relation to staffing arrangements, addressing staff, patient and their representatives' views and the management of staff induction.

Patients described living in the home in positive terms. 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
<b>Total number of areas for improvement</b>	*1	2

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Kathie-Anne Stevenson, 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 21 June 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 21 June 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- the previous care inspection report

During the inspection the inspector met with 14 patients, 13 staff and one patient representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for the period 11 September 2017 to 23 October 2017
- incident and accident records
- two patient care records
- five patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- complaints record

- compliments received
- RQIA registration certificate
- certificate of public liability

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

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

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 21 June 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

**6.2 Review of areas for improvement from the last care inspection dated 21 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second time	The registered person shall identify the designation of storage areas and ensure items stored within are maintained in keeping with best infection control practices	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the storage areas evidenced that they were being maintained in keeping with best infection control practices.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the morning medications are completed in a timely way and that there is sufficient time in between medication rounds</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We observed the medication round to be completed at 10.30 hours. Discussion with the manager confirmed that the morning routine had been reviewed and registered nurses now commence their morning medications earlier and are able to ensure there is sufficient time in between medication rounds.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the staffing levels in the home to ensure the needs of patients are made in a timely way.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that following a review of patients' dependency levels that staffing levels in the home have been revised and they are required to have two registered nurses and seven carers in the mornings. Staff spoken with confirmed that when these ratios occur that patient' needs are tended to in a timely manner. However, a review of the duty rotas evidenced times when the above levels have not been fulfilled. The manager confirmed that the above staffing levels have not always been achieved due to staff sickness at short notice, staff on maternity leave and staff training.</p> <p>This area for improvement has not been fully met and will be stated for a second time.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure appropriate storage in the identified rooms; that cleaning substances are appropriately stored; and that medication is appropriately stored in a locked area.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the identified rooms evidenced that cleaning substances and medications were appropriately stored and locked.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure the issues raised by auditing are actioned and recorded in accordance with best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the electronic system for managing care records has been updated to include auditing. This includes a system for ensuring staff are aware of the outcome of the audits and the actions required to be taken to address them. Records are maintained when the required actions have been resolved.	

### 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 that the planned daily staffing levels and the daily routine has recently been reviewed in order to ensure care was delivered in a safe, effective and compassionate manner. The manager confirmed that two registered nurses and seven care staff were sufficient in numbers and skill mix to meet the needs of patients currently residing in the home during the day. On the day of the inspection the above levels were on duty and care was observed to be delivered in a timely way. Staff spoken with stated that, "this was a good day as there was seven care staff on duty". The duty rotas from the period of 11 September 2017 to 23 October 2017 were reviewed. The planned duty rotas evidenced that above levels were planned, however, the worked duty rotas evidenced that the planned levels were not always adhered to. Discussion with the manager and staff stated that this was often due to staff

calling in sick without much notice and that there was also a number of staff on planned leave. Some deficits were also due to staff attending training. The manager also confirmed that there have been some difficulties in the selection and recruitment of staff.

Discussion with one patient's representatives evidenced that there were some concerns regarding staffing levels. Consultation with nine staff and one patient identified concerns regarding the staffing arrangements within the home. These concerns were passed to the manager for review and action as appropriate. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

It was agreed that the manager would review the duty rotas in terms of numbers and skill mix to assist in ensuring the planned duty rotas are adhered to. An area for improvement under regulation was made in this regard for a second time.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

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. Supernumerary hours are usually in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. However, a review of one staff member's induction time evidenced that their induction had not been completed in the above manner due to staff shortages. The manager agreed to ensure that staff receives their supernumerary hours whilst on induction. An area for improvement was made under the standards in this regard.

Discussion with the manager and review of training records evidenced that they had a system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Compliance with training was monitored on the monthly monitoring inspections conducted by the responsible person.

The manager confirmed that a programme of supervision and appraisals had commenced and would be completed. A matrix was in place to ensure this process was being carried out.

Competency and capability assessments for the nurse in charge of the home in the absence of the manager had been completed appropriately.

A review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). The registration status with Northern Ireland Social Care Council (NISCC) had been monitored appropriately.

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. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager confirmed that they are the adult safeguarding champion and has planned to attend training pertaining to the role with the local Healthcare Trust.



Review of two patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. 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. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. Confirmation was received from the manager that 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 the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and stairwells were observed to be clear of clutter and obstruction.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to training and development, accident management and the homes environment.

### Areas for improvement

An area for improvement under regulation identified at the previous inspection in relation to the management of staffing has been stated for a second time.

An area for improvement under standards was identified in relation to the induction/orientation of staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

Review of two patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Review of records pertaining to the management of wounds evidenced that registered nurses were adhering to regional guidelines and the care planning process.

Supplementary care charts such as bowel management, repositioning records and nutritional/dietary intake had been recorded contemporaneously evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

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. Two staff confirmed that at times they did not receive a full handover of patients' conditions due to staff shortages. The staff concerns were passed to the manager for review and action as appropriate.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made. The manager confirmed that a further staff meeting would be arranged following the outcome of this inspection.

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 a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

There was sufficient equipment available to meet the needs of patients. The process for ordering incontinence and cleaning products was discussed and it was evident that they were available in sufficient stocks to meet the needs of patients.

Following discussion with staff, the management of one patient's use of equipment was discussed with the manager who was aware of the issues and had agreed to rearrange the patient's bedroom to ensure that care could be delivered effectively. This was completed during the inspection.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication, care planning and the management of wound care.

**Areas for improvement**

There were no areas for improvement identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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. 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 main dining room on the ground floor. Lunch commenced at 12.00 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. Staff sat alongside patients when assisting with 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. The food served appeared nutritious and appetising. The mealtime was well supervised. Food was covered when transferred from the dining room. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

A programme of activities was displayed on a notice board outlining the planned activities, patients spoken with confirmed that they liked to participate. A record of patients participation was included in the care planning process.

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

Thirteen staff members were consulted to determine their views on the quality of care within Beechvale.

Some staff comments were as follows:

"When we have seven carers everything goes really well."

"I'm happy enough."

"Morale is low at the minute, staffing has been difficult."

"It is a good home thou when staff is short I struggle."

"There have been a lot of changes to management, I hope this one stays."

"I really like working here but it can be stressful at times."

"We are always flat out, but we always get there"

Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Fourteen patients were consulted during the inspection. Some patient comments were as follows:

"Staff can be a while in answering the buzzers".

"They are a great bunch here always very attentive".

"Staff work so hard, we keep them busy".

"I think we are all well looked after".

"I really enjoy the food; there is always a good range of choices available".

One visiting patient representative was consulted during the inspection. The representative was very positive in their feedback regarding the care provision in the home. However, stated that, "they felt the staff were under pressure to get things done, like answer the buzzers quickly or toilet their relative". Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

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

An area of improvement was made to ensure that the manager takes into account the views made by staff and patients and their representatives and addresses them where necessary.

### Areas of good practice

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

### Areas for improvement

An area for improvement made under the care standards in relation to reviewing the comments made by staff, patients and their representatives and addresses them where necessary.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 manager had submitted an application for registration of manager to RQIA which was in the process of review at the time of the inspection. The application has now been processed and the registration of the manager has now been approved by RQIA.

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. The nurse in charge was identified on the duty rota.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager evidenced that the home was operating within its registered categories of care.

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 record was maintained to record the compliments received, some compliments observed were as follows;

"Thank you for all the care and attention you gave to our mother"

"Thank you all for the care and compassion you all gave to my father"

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. Infection prevention and control audits were reviewed. The audits were conducted monthly and an action plan had been developed to address shortfalls identified within the audits. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that they would be confident in raising any concerns with the home's management.

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 were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and 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.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Kathie-Anne Stevenson, 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 to via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 October 2017	<p>The registered person shall review the staffing levels in the home to ensure the needs of patients are made in a timely way.</p> <p><b>Ref: Section 6.2 and 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            A staff meeting has been held and staffing levels discussed. As a result staff are aware they are expected to be flexible with their shift pattern to allow the full quota of staff everyday as the residents needs are paramount. Sickness levels have been reviewed and discussed with staff. Agency staff are used when our own staff can not fill in the gaps.</p>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2017	<p>The registered person shall ensure that a period of induction time is protected for newly appointed staff in order to ensure they are allowed sufficient time to learn the role and its responsibilities.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The induction period for new staff has changed from 1.5days to 3 days. During the induction period the new member of staff is supernumerary and paired with a senior member of staff. The induction period is extended if the new member of staff feels they require additional time to learn their role.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	<p>The registered person shall review the comments made by staff, patients and their representatives and address them where necessary.</p> <p><b>Ref: Section 6.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The manager has held a staff meeting and discussed the comments made on the day of the inspection. Full minutes are available of this meeting. A family/resident forum will be held in January .</p>

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



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