



## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Beechway House Residential Care Home

**Establishment ID No:** 1110

**Date of Inspection:** 17 April 2014

**Inspector's Name:** John McAuley

**Inspection No:** 16715

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

<b>Name of Home:</b>	Beechway House Residential Care Home
<b>Address:</b>	Dungiven Road Waterside Londonderry BT47 2AL
<b>Telephone Number:</b>	(028) 7131 2627
<b>E mail Address:</b>	<a href="mailto:d.mccurry@apexhousing.org">d.mccurry@apexhousing.org</a>
<b>Registered Organisation/ Registered Provider:</b>	Apex Housing Association
<b>Registered Manager:</b>	Mrs Delma McCurry
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Delma McCurry
<b>Categories of Care:</b>	RC-LD RC-LD(E)
<b>Number of Registered Places:</b>	16
<b>Number of Residents Accommodated on Day of Inspection:</b>	7 plus 9 residents out at day care placements.
<b>Scale of Charges (per week):</b>	£437
<b>Date and Type of Previous Inspection:</b>	15 May 2013: Primary Announced
<b>Date and Time of Inspection:</b>	17 April 2014 10am – 1.30pm
<b>Name of Inspector:</b>	John McAuley

## INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

## STANDARD 9 – Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## PROFILE OF SERVICE

Beechway House Residential Care Home is purpose built and is situated on Shepherd's Way in the Waterside area of Londonderry, convenient to local shops, recreational facilities and within easy reach of the city centre.

The accommodation includes 16 single bedrooms, six with en-suite facilities, bathroom and shower facilities, dining room, kitchen and three lounges.

There is an enclosed garden with a seating area to the rear of the home and adequate car parking space for visitors to the front.

The registered provider is Apex Housing Association.

The home is registered to provide care under the following categories:

Residential Care LD	Learning Disability
Residential Care LD (E)	Learning Disability - over 65 years

## SUMMARY

This inspection to Beechway House was a secondary unannounced inspection. The inspection was carried out by an inspector from RQIA on 17 April 2014 from 10.00am to 1.30pm. This summary provides an account of the inspection findings at this point of time.

On arrival to the home, the inspector was met by the Registered Manager, Mrs Delma McCurry, who was readily available for clarification and discussion throughout, including for verbal feedback of inspection findings at the conclusion.

The previous inspection to the home was an announced inspection on 15 May 2013. A review of the quality improvement plan from that inspection found that three of the requirements made had been fully attended to and one requirement in relation to competency of fire safety training had been substantially attended to. Two of the three recommendations had been fully attended to, whilst the further recommendation in relation to the "whistle blowing" policy has yet to be put fully in place. This recommendation has been stated for a second time to be addressed. The details of the previous quality improvement plan and its compliance are discussed later in this report.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. A review of this standard found evidence was in place to confirm that residents' health and social care needs of residents are fully addressed. This included contact details of aligned healthcare professionals and referrals to such as appropriate. One recommendation has been made in respect of how progress records are maintained. However this standard was overall assessed as compliant.

## ADDITIONAL MATTERS EXAMINED

### Residents' views

The inspector met with the seven residents in the home at the time of this inspection. This meeting was in a group setting in one of the lounges, where the residents felt comfortable and at ease to express their views. The residents spoke warmly and positively about the home, its

environment and the staff, the provision of meals and the overall relaxed, friendly atmosphere in place.

Some of the comments made included statements such as:

“The home is marvellous and so are all the staff”

“Everything is wonderful, no problems”

“I am very happy here”

“We are all one big family”

“The food is lovely and we all get a choice”

No concerns were expressed or indicated.

### **Care practices**

Discreet observations of care practices evidenced residents being treated with dignity and respect. Staff interactions with residents were observed to be polite, friendly, warm and supportive. A relaxed, friendly atmosphere was in place and residents were found to be comfortable, content and at ease in their environment and interactions with staff. An appetising, nicely presented dinner time meal was provided for in a pleasantly appointed dining room, for which residents commented favourably on.

### **General environment**

The home was found to be clean and tidy with a nice standard of furnishings and décor being maintained.

Residents' facilities were found to be comfortable and accessible to avail of.

One requirement has been made on this occasion in relation to having an action plan in place in response to the home's most recent fire safety risk assessment on 7 November 2013. This is discussed later in this report.

The inspector would like to acknowledge the support and assistance received throughout this inspection from residents, staff and the registered manager.

**FOLLOW-UP ON PREVIOUS ISSUES**

<b>NO.</b>	<b>REGULATION REF.</b>	<b>REQUIREMENTS</b>	<b>ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION</b>	<b>INSPECTOR'S VALIDATION OF COMPLIANCE</b>
1	20 (3)	The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his / her absence.	Competency and capability assessments were found to be in place for any member of staff with such responsibilities.	Compliant
2	27 (4) (a)	The registered manager is required to confirm in writing to the home's aligned estates inspector that the recommendations highlighted in the home's fire risk assessment dated 12 September 2012 have been satisfactorily addressed.	Due notification of this action plan, was received by the home's aligned estates inspector	Compliant
3	20 (1) (c) (i)	It is required that staff as appropriate are trained / updated in the following areas: <ul style="list-style-type: none"> <li>• Basic food hygiene</li> <li>• Control of substances hazardous to health (COSHH)</li> </ul>	Review of staff training records confirmed that up to date training has been received by staff in; <ul style="list-style-type: none"> <li>• Basic food hygiene</li> <li>• Control of substances hazardous to health (COSHH)</li> </ul>	Compliant
4	27 (4) (e)	The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.	The fire safety training continues to be provided for by the registered manager and the organisation's health and safety officer. It was reported that the registered manager has been provided training to provide such training and will be fully assessed as competent in an assessment for such in May 2014.	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20.18	Review the whistle blowing policy to ensure it includes the contact details for a range of relevant organisations to whom staff may report poor practice.	The whistle blowing policy is with the organisation's human resource department for review, but such has not been issued to date.	Not compliant Restated
2	19.2	It is recommended that a central matrix is developed to show the dates / renewal of staff registration with NISCC in order to monitor staff compliance with required registration.	A matrix of the registration status of staff with the NISCC has been put in place.	Compliant
3	8.2	It is recommended that when no recordable events occur, there is an entry at least weekly for each resident to confirm that this is the case.	Review of a sample of four residents' care records confirmed that timely recording of such was in place.	Compliant



**STANDARD 9 – Health and Social Care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.1 Details of each patient's registration with health and social care professionals, for example a GP, optometrist or dentist are recorded, and arrangements are in place for patients to be provided with information and support when applying for re-registration or new registration to these services.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of a sample of four residents' care records confirmed that the contact details of each resident's GP and aligned healthcare professional(s) was recorded.	Compliant
<b>Criterion Assessed:</b> 9.2 The frequency of appointments for health screening, dental, optometry, podiatry and other community healthcare professionals are monitored and referrals are made as required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A system was in place for monitoring the frequency of each resident's health care appointments. This system was maintained in an organised, accessible manner.  Evidence was also in place to confirm that any identified issues of need are subsequently referred to the appropriate health care professional.	Compliant

**STANDARD 9 – Health and Social Care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.3 The general health and welfare of patients is continually monitored and recorded, and referrals are made to, or advice sought from, appropriate health and social care professionals where necessary, and documented in the patient's records	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The home maintains a daily progress record of residents' progress and well-being. This contained evidence that issues of assessed need have a recorded statement of care / treatment given with effect of same. However in large, these statements tended to be repetitive statements such as personal hygiene attended to and did not actually account for the actually well-being of the resident, for which a recommendation has been made to review accordingly.	Substantially compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, and with the patient's consent, the patient's representative is provided with feedback from health and social care appointments and informed about any follow up care required	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Evidence was found to be in place that as appropriate the resident's representative is kept duly informed of such appointments and follow up care.	Compliant
<b>Criterion Assessed:</b> 9.5 There are systems for maintaining patients' spectacles, dentures, personal equipment and appliances, so that they provide maximum benefit for each patient.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> General observations of residents' aids, equipment and appliances found these to be appropriately attended to, with no concerns identified with same.	Compliant

## **ADDITIONAL AREAS EXAMINED**

### **Staff views**

The inspector met with three members of staff on duty, including a student nurse on placement at the time of this inspection. All declared that they felt a good standard of care was provided for and described aspects of core values which were duly in place. These included examples of resident empowerment, choice, fulfilment and rights.

No concerns were expressed.

### **Accident / incident records**

Review of these reports from the previous inspection, found these to be appropriately managed and maintained.

### **Complaints**

A review of the home's record of complaints indicated that the last complaint was in April 2011.

### **Fire safety**

A review of the home's most recent fire safety assessment, dated 7 November 2013. A requirement has been made for the home's aligned estates inspector to be notified in writing of the action plan in place to address the recommendations made from this assessment. In particular one recommendation related to the zoning of the fire alarm panel, which must have clear identified action that such has been resolved.

A review of staff training records found that fire safety training was maintained on an up to date basis. Fire safety training is provided for by the registered manager and the organisation's health and safety officer. It was reported that an assessment is to be fully completed in May 2014 to confirm that the registered manager has been assessed competent to provide this training.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager, Mrs Delma McCurry, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Beechway House Residential Care Home

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager, Mrs Delma McCurry either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 Residential Care Homes Regulations (NI) 2005**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (4) (a)	<p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the risk has changed.</p> <p>Reference to this is made in respect of the home fire safety assessment dated 7 November 2013. An action plan must be submitted in writing to the home's aligned estates inspector, detailing how the recommendations made on this assessment will be dealt with, including timescales.</p>	One	The Estates inspector was forwarded an up to date action plan detailing completion dates and actions needed on 30/4/14	17 May 2014

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	20.18	<p>There is a written policy on “whistle blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>Reference to this is made, in that the home's policy needs to be reviewed to include contact details for a range of relevant organisations to whom staff may report concerns about poor practice.</p>	Two	The policy has been updated to include details that identify to whom staff can report concerns about poor practice. A copy has been forwarded the Inspector.	17 June 2014
2.	9.3	<p>The general health and welfare of residents is continually monitored and recorded. Referrals are made to, advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p> <p>Reference to this is made, in that the daily progress records needs give account for the resident's well-being as oppose to repetitive statements relating to care planning interventions.</p>	One	Recommendation will be shared with all staff immediately during handovers. This will also be addressed at individual supervisions and at the next team meeting.	17 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Delma McCurry
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Ellen Hall

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	12 Dec. 14
Further information requested from provider			