



The **Regulation** and
Quality Improvement
Authority

Beechway House
RQIA ID: 1110
Shepherds Way
Dungiven Road
Londonderry
BT47 2AL

Inspector: Laura O'Hanlon
Inspection ID: IN022237

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**Unannounced Care Inspection
of
Beechway House**

10 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 10 March 2016 from 10.30 to 15.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in regard to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. One requirement was made in relation the fire safety. One recommendation was made in regard to care records.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

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

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	1

The details of the QIP within this report were discussed with Delma Mc Curry, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Apex Housing Association	Registered Manager: Delma Mc Curry
Person in Charge of the Home at the Time of Inspection: Pauline Spence until 14.00. Delma Mc Curry from 14.00 to the end of the inspection.	Date Registered: 8 September 2011
Categories of Care: RC – LD, RC – LD (E)	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 15	Weekly Tariff at Time of Inspection: £470.00

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home

4. Methods/process

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

We met with five residents, three members of the care staff, one member of the catering staff and the registered manager.

We inspected the following records: three care records, accident /incident reports, registered provider visits, fire safety records, the record of residents' meetings and complaints/compliments records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 29 September 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 29 September 2015

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 29 December 2015</p>	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that the policy in relation to Consent and Positive Behaviour Support and Restrictive Practice was reviewed.</p> <p>The registered manager subsequently confirmed that all managers are scheduled to attend training on 18, 19 and 20 April 2016 to enable managers to cascade this information to their teams. The registered manager confirmed that the identified policy references the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).</p>	
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: from the date of this inspection and ongoing</p>	<p>The registered person should ensure that an individual comprehensive care plan is drawn up for one identified resident.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>An inspection of this resident's care records confirmed that an updated care plan was implemented on 5 October 2016.</p>	

5.3 Standard 1- Residents' views and comments shape the quality of services and facilities provided by the home

Is Care Cafe? (Quality Of Life)

The registered manager confirmed that residents' views were taken into account in all matters affecting them, in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. Many examples of this were noted in regard to meal provision and activities.

The registered manager confirmed that the last residents' meeting was convened on 4 March 2016. The residents' views and wishes were actively sought and recorded in regard to facilities and services, menu planning and safeguarding vulnerable adults. A record of this meeting was available during the inspection.

It was noted that at each residents meetings the registered manager reinforces to the residents the need to speak with any staff member at any time should they have an issue or an area of concern. This practice is to be commended.

The three care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

However we noted that there was no systematic process in place for a general review of care records. For example in two of the care records, risk assessments were dated October 2012 and November 2014. A recommendation was made to ensure that a robust system is implemented for the review of assessments, care plans and risk assessments.

Is Care Effective? (Quality of Management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and the registered provider monthly visits. The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were observed within each care record. Residents were present and participated in their care management review where possible.

Is Care Compassionate? (Quality of Care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened to and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values into their practice with residents. This included knocking on doors before entering and seeking their preferences at meal-times.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

In our discussions with the residents we were advised that the staff arranged for them to visit another resident who was in hospital and bring her a birthday cake. This was also discussed and agreed at the last residents' meeting.

Areas for improvement

One area for improvement was identified within the standard inspected. This related to the review of care records.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

5.4.1 Residents views

We met with five residents. We observed residents relaxing in the communal lounge area and bedrooms. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. Some residents were having their hair done by staff.

They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible. Some comments made were:

- "I am very happy here. The staff are all good. The food is lovely and there is always a choice."
- "I am well looked after."
- "I am well looked after and I am very happy here. The staff are very kind."

5.4.2 Staff views

We spoke with three members of the care staff, one member of the catering staff and the registered manager. The staff members advised us that they felt supported in their roles. The staff members related that they had been provided with the relevant resources to undertake their duties and demonstrated that they were knowledgeable of the needs of individual residents. The staff members implemented a positive approach to their work.

The staff members stated that they felt supported by management and advised that they were very approachable. The staff explained how the residents were offered choices on a daily basis. One comment made was:

"It's a nice place here, the residents all seem to be happy. There is a good supportive staff team. Management and staff are approachable. The staff team have good morale and communication."

5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be tastefully decorated, homely and personalised. Décor and furnishings were found to be of a good standard. Spiritual emblems were observed in residents' bedrooms.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

5.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 25 February 2015 and had not been updated on an annual basis. A requirement was made to address this.

We reviewed the fire safety records and confirmed that fire safety training was completed on 7 September 2015 by 11 staff and on 16 March 2016 by six staff. Further fire safety training is scheduled for 31 March 2016 for the remaining eight staff members.

5.4.6 Accidents/incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported. For the purpose of information we referred the registered manager to the updated RQIA guidance on the reporting of accidents and incidents.

5.4.7 Complaints/compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

Areas for improvement

One area for improvement was identified within the additional areas inspected in regard to fire safety issues.

Number of Requirements:	1	Number of Recommendations:	0
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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 Delma Mc Curry, 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). 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 should be completed by the registered person/registered manager and 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 care.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 27 (4) (a) Stated: First time To be Completed by: 10 April 2016	The registered person must ensure that an updated fire safety risk assessment is undertaken.		
	Response by Registered Person(s) Detailing the Actions Taken: This was updated on 26/3/16 and is now in place.		
Recommendations			
Recommendation 1 Ref: Standard 20.2 Stated: First time To be Completed by: 10 May 2016	The registered person should ensure that a robust system is implemented for the review of residents' assessments, care plans and risk assessments.		
	Response by Registered Person(s) Detailing the Actions Taken: All keyworkers will now review all their key persons careplans,risk assessments etc 3 monthly or earlier if necessary.		
Registered Manager Completing QIP	Delma McCurry	Date Completed	11/4/16
Registered Person Approving QIP	Ellen Hall	Date Approved	18/4/16
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	21.4.16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address