

Announced Care Inspection Report 4 February 2020



The Beeches Small Group Home

Type of Service: Domiciliary Care Agency
Address: 44 Lisburn Road, Ballynahinch, BT24 8TT
Tel No: 02897561800
Inspector: Michele Kelly

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Beeches Small Group Home, situated in Ballynahinch, is a supported living type domiciliary care agency which provides care and support to service users with a learning disability. Service users live in a bungalow; they have individual bedrooms and a range of shared areas.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of developing skills and promoting independence. Staff are available to support tenants 24 hours a day and each service user has an identified 'key worker'.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: Mr James Brian Wilson	Registered Manager: Miss Lianne Montgomery
Person in charge at the time of inspection: Miss Lianne Montgomery	Date manager registered: 25 June 2019

4.0 Inspection summary

An unannounced inspection took place on 4 February 2020 from 14.30 to 17.00 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress aimed to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff registrations with the Northern Ireland Social Care Council (NISCC).

An area requiring improvement was identified and refers to ensuring Enhanced Access NI checks are made for all staff who change their roles within the organisation.

All those spoken with said they were very happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lianne Montgomery, 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 care inspection dated 24 October 2018

No further actions were required to be taken following the most recent inspection on 24 October 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector focused on contacting the service users, their relatives and staff to find out their views on the service. The inspector also communicated with Health and Social Care (HSC) professionals involved with the service.

The inspector ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.

A poster was provided for staff detailing how they could complete an electronic questionnaire two completed questionnaires were returned and both indicated they were very satisfied. Comments included are referred to in the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; two responses were returned within the timeframe for inclusion within the report. There were no comments but both indicated they were very satisfied with all aspects of care and support.

During the inspection the inspector met with three service users and two staff. The inspector also communicated with four relatives. Following the inspection communications were also received from HSC professionals.

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Discussion with the manager and a review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment.

There was also a system in place to ensure that staff were registered with NISCC and were monitored on a regular basis. The manager stated that staff are alerted when their registration

is required to be renewed and would not be supplied for work if they are not appropriately registered.

The inspector also discussed the vetting of persons who may change roles within the organisation and advised that Enhanced Access NI checks are made for all staff that change their roles within the organisation and this is an area for improvement. The inspector also advised that the relevant policies and procedures should also be reviewed to reflect these matters.

Comments received during and after inspection.

Service users:

- “I do like living here, it is homely.”
- “Staff help me.”
- “I get on well with staff.”

Relatives:

- “More than happy with number 44.”
- “XXX loves it, it is first class.”
- “XXX is looked after like the queen.”
- “I am very happy with the care and support; it is in a totally different league.”

HSC Representative:

- “There are no issues in respect of communication.”
- “Service users are progressing well.”

Staff:

- “I feel that the service I work in provides an excellent standard of care”
- “Service users’ needs wishes and preferences are at the forefront of all aspects of care. Their opinions are sought and valued”

Areas of good practice

Areas of good practice were identified in relation to the completion and checking of staff registrations with NISCC.

Areas for improvement

An area requiring improvement was identified and refers to ensuring Enhanced Access NI checks are made for all staff who change their roles within the organisation.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lianne Montgomery, 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 agency. 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 Domiciliary Care Agencies Minimum Standards, 2011.

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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that criminal history disclosure information at the enhanced disclosure level is sought from persons who change roles within the organisation.</p> <p>Ref.6.1</p>
	<p>Response by registered person detailing the actions taken: An enhanced disclosure will be completed for anyone who changes their role within the organistaion. This will take immediate effect and will be on-going for any persons who do change their role.</p>

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



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