

# Inspection Report

20 January 2022



## The Beeches Small Group Home

Type of service: Domiciliary  
Address: 44 Lisburn Road, Ballynahinch, BT24 8TT  
Telephone number: 02897561800

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <p><b>Organisation/Registered Provider:</b><br/>The Beeches Professional &amp; Therapeutic Services Ltd</p> <p><b>Responsible Individual:</b><br/>Mr James Brian Wilson</p>  | <p><b>Registered Manager:</b><br/>Miss Lianne Montgomery</p> <p><b>Date registered:</b><br/>25 June 2019</p> |
| <p><b>Person in charge at the time of inspection:</b><br/>Miss Lianne Montgomery</p>   |  |
| <p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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.</p> <p>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'.</p> |  |

## 2.0 Inspection summary

The care inspector undertook an announced inspection on 20 January 2022 between 11.30 am and 1.30 pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC) adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff and service users.

No areas for improvement were identified. RQIA was assured that the care provided was safe, effective and compassionate, and that the service was well-led.

### 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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), records of notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

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

### 4.0 What people told us about the service

The information provided by service users, representatives and staff during and following the inspection indicated that there were no concerns in relation to the care and support provided. The following comments were received during the inspection:

#### Service users' comments

- "I like it when the staff take us out for something to eat"
- "I like living here but I miss the day centre it is closed at the minute"
- "I am getting on great"

#### Staff comments

- "I enjoy working here, I like the pattern of the shifts"
- "During Covid there was plenty of information and support"
- "The car has made a huge difference to the quality of life and independence"

## Relatives' comments

- "I am thrilled with everything"
- "They always ring me if there is a big purchase"
- "Staff always talk over the important issues"

## Health and Social Care Trust (HSCT) representative's comments

- "We have no concerns about the service"
- "Service users also attend activities in the town"

One relative's response was also received via the electronic survey and indicated they were very satisfied with the service.

### 5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 4 February 2020; an inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

| Areas for improvement from the last inspection on 4 February 2020                               |   |                          |
|---|---|--------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 |   | Validation of compliance |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Standard 11.2<br><b>Stated:</b> First time         | 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.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>Inspector confirmed that criminal history disclosure information at the enhanced disclosure level is sought from persons who change roles within the organisation. |                          |

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency had been completed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff had undertaken training in relation to adult safeguarding. The manager confirmed that there had been no Adult Safeguarding referrals since the last inspection.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager discussed plans in place to address DoLS practices in conjunction with the HSCT.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

### 5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed that all staff have completed Dysphagia awareness training by e-learning and that two staff have completed additional training in respect of dysphagia. It was noted that there are plans to ensure all staff complete this additional training and this matter will be reviewed at the next inspection.

Two service users were identified as having swallowing difficulties and required their food to be of a specific consistency.

Review of care records confirmed that the care plans reflected the details outlined in the Speech And Language Therapy (SALT) assessment. The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the supported living setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives but some records did not reflect engagement with representatives on a monthly basis. The reports could also include more detail regarding the range of working practices audited. These matters were discussed with the manager and advice was given regarding accessing recent guidance in respect of monthly monitoring within the RQIA website. Monthly monitoring reports will be reviewed at the next inspection.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. The manager was aware of which incidents required to be notified to RQIA. It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

**6.0 Quality Improvement Plan/Areas for Improvement**

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of Areas for Improvement</b> | 0                  | 0                |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Lianne Montgomery, manager as part of the inspection process and can be found in the main body of the report.



The **Regulation** and  
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Authority

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