



The Regulation and  
Quality Improvement  
Authority

The Beeches Small Group Home  
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Ballynahinch  
BT24 8TT

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**Announced Care Inspection  
of  
The Beeches Small Group Home**

**29 October 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 29 October 2015 from 11.00 to 16.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies 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
<b>Total number of requirements and recommendations made at this inspection</b>	3	1

The details of the QIP within this report were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> The Beeches Professional & Therapeutic Services Ltd/James Brian Wilson	<b>Registered Manager:</b> Geraldine Roisin McClenaghan
<b>Person in Charge of the Agency at the Time of Inspection:</b> Geraldine Roisin McClenaghan	<b>Date Manager Registered:</b> 24 August 2010
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> Three	

The Beeches Small Group Home, situated in Ballynahinch, is a supported living type domiciliary care agency providing support to three adults with a learning disability. Tenants live in a bungalow which is part of The Beeches Professional and Therapeutic Services Ltd.

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 promoting good independence. Referrals are made by the

HSC trust mental health services. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

### 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 themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

### 4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff/service users
- File audit
- Evaluation and feedback

During the inspection the inspector met with three service users and two staff.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' house meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (September 2015)
- Fitness for work policy (September 2015)
- Orientation and Induction policy (September 2015)
- Supervision/ appraisal policy
- Staff register/ information
- Agency's rota information
- Whistleblowing policy (September 2015)

- Disciplinary procedure
- Staff handbook
- Assessment and support planning policy(September 2015)
- Service user involvement Strategy (September 2015)
- Outcome of the stakeholders survey

Staff questionnaires were completed by four staff; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are aware of the agency's whistleblowing policy.
- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously.
- Staff are satisfied that they are familiar with service users' care needs.
- Staff are satisfied that their induction prepared them for their role.
- Staff are satisfied that at all times there are an appropriate number of suitably skilled and experienced persons to meet the needs of service users.

One individual commented that additional training would be beneficial prior to providing care and support to the service users; this was discussed with the manager who stated that staff are provided with induction prior to being supplied to provide care and support.

Service users' questionnaires were completed by three service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users are satisfied that staff help them to feel safe and respond to their needs.
- Service users are satisfied that staff know how to care for them.

One individual stated that additional staff was required; this issue was discussed with the manager during the inspection and assurances provided that at all times there are appropriate numbers of staff to meet the needs of service users.

The inspector wishes to thank the service users, staff and the registered manager for their co-operation and support during the inspection process.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Last Care Inspection Dated 16 December 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.(b)(d)	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-  (b) so as to safeguard service users against abuse	<b>Partially Met</b>

	<p>or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's policy relating to staff meals is updated to include arrangements for staff accessing food whilst accompanying service users on outings.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's policy and noted that it details the arrangements for staff accessing food whilst accompanying service users on outings; however it was noted that it did not record that staff where required to provide a receipt. This requirement will be stated for a second time</p>	
<p><b>Requirement 2</b>  Ref: Regulation 14.(b)(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency maintains a list of staff signatures.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed a list of staff signatures maintained by the agency.</p>	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b>  Ref: Standard 4.2</p>	<p>It is recommended that the service user agreement is updated to detail charging arrangements relating to service users food.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the service user agreement for one service user and noted that it outlined charging arrangements relating to service users' food.</p>	

<p><b>Recommendation 2</b></p> <p>Ref: Standard 4.2</p>	<p>It is recommended that the service user agreement is updated to detail charging arrangements relating to charges made by the agency to service users for use of transport service.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the service user agreement for one service user and noted charging arrangements relating to charges made by the agency to service users for use of transport service was detailed.</p>		
<p><b>Recommendation 3</b></p> <p>Ref: Standard 4.3</p>	<p>It is recommended that the service user agreement is monitored, reviewed and updated annually or as required.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the service user agreement for one service user and noted that it had been reviewed and updated annually.</p>		

## 5.2 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

### Is Care Safe?

The agency's recruitment policy, September 2015 outlines the mechanism to ensure that appropriate pre-employment checks are completed; the registered manager stated that a record is retained by the agency. The manager stated that service users are included in developing the questions for interviewees. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency; it includes those supplied on a temporary or short notice basis.

The manager stated that staff are not supplied from another domiciliary care agency. Prior to employment agency staff are required to have a medical declaration completed by their general practitioner; the manager could describe the process for managing absence from work and for supporting staff to return to work following a period of absence .

The agency's staff orientation and induction policy outlines the organisations induction programme; the manager stated that new staff are required to shadow existing staff members in the service users' homes. It was identified that the full induction is completed over the initial six months of employment and that staff receive induction specific to the needs of the individual service users; however it was noted that the policy did not detail the duration of induction. The agency maintains a record of the induction programme provided to staff; it outlines information provided during the induction period; from records viewed it was noted that one had not been signed by the staff member.

Staff are provided with a handbook and have access to the agency's policies and procedures.

The agency has a procedure for the induction of short notice/bank staff; the registered manager stated that staff are not supplied from another domiciliary care agency.

The agency policy for supervision and appraisal is required to be reviewed and updated to clearly detail the timescales for completion. Staff stated that they receive supervision; it was identified that staff undertaking supervision have received appropriate training.

### **Is Care Effective?**

Discussions with the manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rota information viewed, reflected staffing levels as described by the manager. The manager discussed current issues relation to staffing due to staff absence and stated that staff are accessed from within the organisation to cover in an emergency.

The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as described by the manager. It was identified that the staff rota did not record the full name of staff.

Staff stated that they are provided with a job description during their induction and in pre-employment information provided. Staff could describe their roles and responsibilities and the process for highlighting any training needs.

Staff could describe the detail of their induction program and stated that they felt equipped to carry out the requirements of their job roles. The agency maintains a record of induction and competency assessments completed during the induction period.

Staff stated that they receive supervision and annual appraisal; they stated that they are encouraged to highlight any training needs to their line manager at any time. The agency has an electronic database used to record training and to identify and alert staff that training is required. From records viewed it was identified that the agency provides mandatory training to all staff and in addition training specific to meet the needs of individual service users.

It was noted that the person provide supervision had received appropriate training;

The agency's whistleblowing policy, 2015 outlines the requirement for staff to report concerns; staff could describe their responsibility in highlighting concerns.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives at monthly tenants meetings in relation to staffing arrangements and new staff; concerns. Service users stated that they are introduced to new staff members.

Staff could describe the impact of staff changes on service users; the registered manager stated that the agency endeavours to maintain continuity of staff however described the recent challenges due to staff absence.

Induction and training records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate

knowledge and skills to carry out their job roles. Service users stated that staff provided have the skills to meet their needs.

Staff described how their induction included meeting service users and becoming familiar with their individual care plans. Service users stated that they can choose the care and support they receive and indicated that their privacy and dignity is respected at all times.

The agency's disciplinary procedure outlines the process for managing unsatisfactory performance of staff; the manager could describe the agency's procedure and stated that it is a staged approach with an emphasis on supporting staff to improve their knowledge and skills. The agency's staff handbook outlines the agency's disciplinary procedures.

### **Service User Comments:**

- "I like living here."
- "Staff listen to us."
- "Staff are very good."
- "I can talk to staff if I am worried about anything."

### **Staff Comments:**

- "I received induction."
- "I can speak to the manager at any time."
- "We have monthly team meetings; they are useful."
- "Due to staff sickness we have had to get staff from the bank."

### **Areas for Improvement**

There were three areas for improvement identified within Theme 1.

### **Regulation 21(a)**

This requirement relates to the registered person ensuring that the agency's staff induction records are signed by the staff member.

This requirement relates to the registered person ensuring that the agency's staff rota information details the full name of staff supplied.

### **Standard 9.1**

It is recommended that the registered person ensures that the agency's staff induction policy is reviewed and updated to include details relating to the duration of staff induction.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.3 Theme 2: Service User Involvement - Service users are involved in the care they receive**

### **Is Care Safe?**

The agency's 'Service User Involvement Strategy', September 2015 outlines the methods used to engage with service users and where appropriate their representatives.

The 'assessment and support planning' policy details the need for service users to be involved in the process of their assessment and care planning. Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. Service users stated that they are involved in developing their individual care and support plans and that their views and wishes are reflected. From records viewed it was identified that risk assessments and care and support plans are signed by service users.

The manager and staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. They could describe examples of positive risk taking agreed in collaboration with the service user and/or their representatives.

### **Is Care Effective?**

Service users are encouraged and supported to participate in an annual review of their care and support involving representatives for the HSC Trust. Service users are supported to complete a report prior to the review meeting; the manager stated that service users are encouraged to chair the meeting. Staff record daily the care and support provided; the manager stated that care plans are reviewed three monthly or as required. Service users stated that they are involved in the development of their care plans; care plans viewed include the choices and routines of service users.

The agency facilitates tenants meetings; records viewed indicate that service users are encouraged to express their views and opinions. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. One service user attends the organisations monthly committee meeting; the manager stated that service users' views are considered in relation to changes within the organisation. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and where appropriate their representatives. The manager stated that an annual stakeholder survey is distributed to service users, staff and relatives to obtain their views and comments on the quality of the service provided.

Service users have been provided with the human rights information; the agency's advocacy policy outlines the process for supporting service users to access and advocacy service.

### **Is Care Compassionate?**

Discussions with staff and service users indicate that service users receive care in an individualised manner. Care plans viewed were written in a person centred manner and service users stated that they are consulted about the care they receive.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users.

The manager could describe the process for liaising with the relevant HSCT representative regarding best interest practices for service users where there are capacity and consent issues.

#### **Staff Comments:**

- “Service users’ are encouraged to express their views and opinions.”
- “Service users are involved in developing their care plans.”
- “Service users can make their own choices.”

#### **Service User Comments:**

- “We have house meetings.”
- “Staff go out with me; I like shopping.”
- “I can choose to do what I want.”
- “I love it here.”

#### **Areas for Improvement**

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.4 Additional Areas Examined**

#### **5.4.1 Monthly Quality Monitoring**

The inspector viewed the agency’s quality monitoring documentation in place and noted that monthly monitoring visits are completed by a director of the organization. From records viewed it was identified that visits were unannounced; the views of service users, their relatives and were appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns; it was noted that an action plan is developed.

#### **5.4.2 Complaints**

The agency has had no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the manager. The agency’s complaints policy outlines the procedure in handling complaints.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 the 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 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. 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 [agencies.team@rqia.org.uk](mailto:agencies.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 agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14.(b)(d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 29 December 2015</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's policy relating to staff meals is updated to include arrangements for staff accessing food whilst accompanying service users on outings; and that it details that staff are required to provide a receipt.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policy has now be up dated and include instructing staff to provide receipts for all food whilst out with service users.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 29 December 2015</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are-</p> <p>(a)kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff induction records are signed by the staff member.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Induction sections missed by staff member have now been signed.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 21(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 29 December 2015</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are-</p> <p>(a)kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information details the full name of staff supplied.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Amendments to rota completed now stating surname.</p>

<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 29 January 2016	It is recommended that the registered person ensures that the agency's staff induction policy is reviewed and updated to include details relating to the duration of staff induction.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policy and procedure now states details regarding duration of staff induction as per regulations.		
<b>Registered Manager Completing QIP</b>	Roisin McClenaghan	<b>Date Completed</b>	14/12/15
<b>Registered Person Approving QIP</b>	James Wilson	<b>Date Approved</b>	14/12/15
<b>RQIA Inspector Assessing Response</b>	Joanne Faulkner	<b>Date Approved</b>	14/12/15

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