



Unannounced Care Inspection Report 10 December 2018



The Beeches Professional & Therapeutic Services

Type of Service: Residential Care Home
Address: 41 Lisburn Road, Ballynahinch, BT24 8TT
Tel No: 028 9756 1800
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with thirty-four beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: James Brian Wilson	Registered Manager: Siobhan Duffy
Person in charge at the time of inspection: Siobhan Duffy	Date manager registered: Acting – No Application Required
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 34

4.0 Inspection summary

An unannounced care inspection took place on 10 December 2018 from 10.10 to 15.30.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff supervision and appraisal, the home's environment, care records (especially in relation to how restrictions and human rights considerations were documented), listening to and valuing residents, governance arrangements and to maintaining good working relationships.

No areas requiring improvement were identified.

Residents said that they were treated very well by staff and that they liked living at The Beeches.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 26 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, eight residents and three care staff. No visiting professionals and no residents' representatives were present.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were completed and returned by residents. No questionnaires were returned by staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff supervision and annual appraisal schedules
- four residents' care files
- the home's Statement of Purpose and Resident's Guide
- minutes of staff meetings
- audits of risk assessments, care plans, care reviews, accidents and incidents
- equipment maintenance records
- accident, incident, notifiable event records
- evaluation reports on satisfaction surveys completed by residents, staff and stakeholders
- minutes of recent residents' meetings
- reports of visits by the registered provider
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- individual written agreements
- programme of activities
- policies and procedures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 April 2018

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The manager advised that bank staff were used in the home; these staff had worked in The Beeches prior to commencing nursing or social work studies and were already familiar with the needs of the residents. The consistent use of temporary staff ensured that residents received continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of staff appraisals and supervision were reviewed during the inspection. Staff training records and staff competency and capability assessments were reviewed during the last care inspection and were not reviewed on this occasion.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005, also that an AccessNI compliance audit had been completed in 2018 and the home was found to be compliant in all aspects of this.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Staff advised that they had completed mandatory adult safeguarding training.

Discussion with the manager confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The manager advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The home had policies and procedures on restrictive practice/behaviours which challenge which were in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). They also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised there were restrictive practices within the home, notably the use of locked doors to some areas of the home with keypad entry systems. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The manager was aware that when individual restraint was employed, RQIA and appropriate persons/bodies must be informed.

The home's infection prevention and control (IPC) policy and procedure was reviewed during a previous care inspection and found to be in line with regional guidelines. Staff advised that they had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager advised that senior staff ensured that the home was kept clean and that staff adhered to high standards of hand hygiene. IPC audit tools were later shared with the manager to allow for such checks and any resultant actions to be recorded.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The home's fire risk assessment was held electronically and could not be successfully accessed on the day of the inspection. The responsible individual later confirmed in writing that a review of the fire risk assessment was conducted on 7 February 2018 and that the current fire risk assessment was compliant as no structural, or operational changes to the building, its purpose and services provided had occurred.

Staff confirmed that they completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. A review of fire safety records identified that fire alarm systems were tested weekly and emergency lighting and means of escape were checked daily. All equipment and systems were regularly maintained.

Staff spoken with during the inspection made the following comments:

- "There are good staffing levels here and this allows staff to meet the needs of residents well and to support residents to get out and about. I got an excellent induction when I started work here, both on day and on night shifts and when I moved to a more senior position. We get lots of training and regular supervision."
- "I came back to work in The Beeches after several years of working for (a HSC trust) and I am glad to be back. We have good staffing levels here, plenty of training and my induction was great."
- "When I spoke with (the inspector) last I had only just started to work here. I got a really comprehensive induction and lots of support from my colleagues. I also got good supervision from the management who have mentored and guided me."

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

A comment received from a resident was as follows:

- "The care in The Beeches is very good. Siobhan Duffy (manager) is very good."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. moving and handling, behaviour risk assessments, epilepsy management plans, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed. It was noted that residents were made aware of their human rights and that care plans incorporated human rights considerations throughout. Restrictive practice assessments were completed; these were comprehensive, accurately reflected the decision making processes, up to date, signed by residents and regularly reviewed. This represented good practice.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The manager advised that staff had been trained in the use of the International Dysphagia Diet Standardisation Initiative (IDDSI) to ensure that residents who needed a specialist diet were provided with the correctly textured food or fluids. This was also confirmed by staff and was noted as a point of discussion in the minutes of a staff meeting.

The manager advised that no residents currently accommodated had pressure area damage or breaks on their skin; staff would be able to recognise and respond to pressure area damage observed on resident's skin and referrals would be made to the multi-professional team in a timely manner. Any wound care would be managed by community nursing services.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the evaluation reports on the satisfaction surveys completed by residents, staff and stakeholders.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

The manager described the arrangements for effective communication with the commissioners of care for residents who were placed from outside Northern Ireland. Where such commissioners of care were unable to attend annual care reviews in The Beeches, management ensured that care reviews were completed and the information shared. The responsible individual also travelled to meet with the commissioners in some cases.

The manager advised that the organisation held a private contract with General Practitioners to ensure that medical staff were available to complete weekly consultations in the home. This also ensured that any out of hours assistance could be accessed in order to prevent residents having to endure the distress of attending hospital Emergency Departments. The private arrangement also ensured that annual health checks for residents were completed in the more familiar and comfortable environment of the home instead of the GP surgery and that referrals to other disciplines could be fast tracked. This represented good practice and was to be commended.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comments:

- "We have been given the time and space to get to know the residents well and we work together to make sure that their needs are met and that they are well supported."
- "I feel the residents are looked after very well."

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with residents and staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence and dignity.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any anxiety or distress in a timely and appropriate manner and care plans were in place, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were written in a pictorial format and care plans were in large print, easy read format.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them, for example, residents were encouraged and supported to actively participate in the annual reviews of their care. Residents participated in residents' meetings and committee meetings arranged and run by the residents with support from staff.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “It’s very good here. I like the staff. They know me very well and they help me.”
- “I love it here! The staff are very good to us all. If I need to talk to them about anything, they are there for me. I have lots to do and I keep myself very busy. I am very comfortable here and I have lots of friends. I also have visits from my family and we go into town for coffee. I’m really looking forward to all the events planned for Christmas. I’m really happy here.”

Staff spoken with during the inspection made the following comments:

- “We have an activities co-ordinator who arranges lots of events for the residents.”
- “I feel the care is very focussed on the residents.”

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager described the management arrangements and governance systems in place within the home and advised that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. A review of a sample of policies and procedures evidenced that these were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The manager advised that no complaints had been received since the last care inspection. It was established at the last inspection that there were suitable arrangements in place to effectively manage complaints from residents, their representatives or any other interested party. The area of complaints was not reviewed in detail on this occasion.

The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and frequent visits to the home.

The manager described how the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Staff spoken with during the inspection made the following comments:

- “The deputy managers and the senior managers are very approachable and supportive. They listen to any concerns and show a willingness to make changes to practices and make improvements where this will benefit the residents. There is very open and transparent working and we all enjoy good working relationships.”

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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