



# Unannounced Care Inspection Report 7 November 2019



## The Beeches Professional & Therapeutic Services

**Type of Service: Residential Care Home**  
**Address: 41 Lisburn Road, Ballynahinch BT24 8TT**  
**Tel No: 0289756 1800**  
**Inspector: Debbie Wylie**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 34 residents. The home is divided into four cottages with individual dining rooms and communal rooms for residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Beeches Professional & Therapeutic Services Ltd  <b>Responsible Individual:</b> James Brian Wilson	<b>Registered Manager and date registered:</b> Siobhan Duffy – 25 July 2019
<b>Person in charge at the time of inspection:</b> Siobhan Duffy	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 7 November 2019 from 10.00 hours to 17.00 hours. This inspection was undertaken by the care inspector.

The inspection 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 staffing arrangements, staff knowledge, the home's environment, effective communication the culture and ethos of the home and management arrangements.

Areas requiring improvement were identified in relation to infection prevention and control.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Siobhan Duffy, manager and James Wilson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### **4.2 Action/enforcement taken following the most recent inspection dated 10 December 2018**

No further actions were required to be taken following the most recent inspection on 10 December 2018.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 03 October to 07 November 2019
- staff training schedule and training records
- one staff recruitment file
- staff registration with professional body
- two staff induction records
- person in charge competency assessments
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits/records
- a sample of accident/incident records since the last care inspection
- reports of visits by the registered provider from April to October 2019
- RQIA registration certificate
- a sample of policies
- the current fire risk assessment
- a sample fire training records
- a sample fire drill records

- a sample of fire equipment checks record.

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 last care inspection dated 10 December 2018

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

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that staffing levels and skill mix within the home were determined through regular monitoring of residents' dependency levels. A review of the duty rota from 3 September until 7 November 2019 confirmed that planned staffing levels were maintained. No concerns were raised regarding staffing levels during discussion with residents or staff on the day of inspection. The hours worked by the manager were clearly recorded on the rota and the person in charge of each shift was highlighted.

Discussion with staff confirmed that new staff received a period of induction. Review of two staff induction files confirmed this. Review of staff recruitment records also confirmed that staff were recruited safely.

Systems were in place to check that care staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

A record of all training completed by staff was maintained. Staff confirmed that they were encouraged and supported by the home's management to complete all mandatory training requirements. Staff also confirmed that if they had any concerns regarding the safety of residents or about poor practice that they would raise these with the manager under adult safeguarding and whistleblowing procedures. One staff member told us:

"I get fantastic training here."

"I am now trained to provide training in infection control for colleagues."

We saw that fire exits were free from obstacles and accessible for residents. Review of fire records confirmed that an up to date fire risk assessment was in place. We also confirmed that the fire alarm was tested weekly and that staff participated in at least two fire drills per year.

The home was warm, well lit, free from malodours and clean throughout. All four cottages were well decorated and communal areas were uncluttered and tidy. The outside area of the home was well kept, tidy and accessible to residents.

We observed, in relation to infection prevention that staff required reminders not to leave resident's personal toiletries in communal bathrooms and that a shower chair required to be replaced. Details were discussed with the manager and before the conclusion of the inspection we confirmed that the identified shower chair had been replaced. However, an area for improvement was made regarding the provision of hand sanitising gel throughout the home.

### Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.4 Is care effective?

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

We saw that residents were receiving the right care from staff who were familiar with their care needs. Staff worked well as a team and communicated effectively with each other regarding the residents and their needs. Staff were aware of their roles and responsibilities. Staff told us:

"We know the residents really well."

"The team has a great wealth of knowledge."

"I am 100 per cent supported by the team."

Residents' care records were written in a professional and compassionate manner and were agreed with residents or their representatives. Records were individualised and person centred. Records evidenced that staff had regular contact with a range of other professionals regarding residents' care.

Records reviewed also included information regarding residents' care review meetings and staff recorded a daily update.

The kitchen in each cottage was well maintained and displayed a photo of each resident, their diet plan and modified diet requirements. The dining rooms had the menu displayed in written and pictorial form and a written sheet with the weekly menu evident. Tables were set appropriately for the lunch time meal.

A good variety of activities were noted by the inspector to be ongoing throughout the day in all the cottages. The sensory room was being used for reflexology and it was noted that this was available twice a week for residents. Noticeboards were displayed in each cottage detailing the activities planned for the week. Staff told us:

"We do activities about numeracy and literacy."

“There are plans for music and outings to bowls and the cinema.”

### Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 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.**

Interaction between staff and residents was noted to be calm and relaxed. Staff were observed to be carrying out their roles in a caring and knowledgeable manner.

There was a welcoming atmosphere in the home with residents and staff chatting and interacting.

Residents were observed to be treated with dignity and respect throughout the day. Resident involvement in choice of activities, meals and care was seen. Residents were responded to in a timely and caring manner and were observed to be happy and cheerful in the home. One resident told us:

“I like it here.”

“She (manager) is really good to me.”

“The staff are nice here.”

Care records were stored appropriately to maintain dignity and confidentiality for residents. It was evident that residents felt secure and safe in the home.

Residents’ bedrooms were clean and tidy; some had been individualised with personal items others were plainly presented for those residents who preferred this.

Both staff and the manager staff spoke enthusiastically about working in the home. They described residents’ individual personalities and how they were familiar with their needs and preferences. Staff told us:

“The residents are all different and really great.”

“We know the residents really well.”

Two questionnaires were returned following the inspection. Both stated that they were very satisfied that the care was safe, kind, good and well organised.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 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.**

Since the last inspection there has been no change in the management arrangement for the home. We know from what we saw and heard from staff and residents that there is a clear management structure within the home. All staff spoken with commented positively about the manager and described her as supportive and approachable. Interactions between the manager and staff were relaxed and good team work was evident. One staff member said:

“The manager is really helpful.”

Discussion with the manager and review of governance records confirmed that robust systems and processes were in place to ensure the delivery of safe, effective and compassionate care, for example, recruitment and selection, staff training and the management of complaints. When audits identified any deficits there was an action plan put into place which clearly recorded the actions to be taken, by whom and by a specific date.

We compared the home’s accident and incident records to the notifications received by RQIA from April to November 2019. We were satisfied that the manager was notifying us correctly.

A visit by the registered provider’s representative, to monitor the quality of the services, was undertaken each month. The reports of these visits were available in the home and we reviewed the reports from April to October 2019. As with the regular audits an action plan was developed to address any issues identified.

Discussion with the manager and deputy manager showed they were aware of their role in relation to regulation and the role of RQIA.

We saw from a review of records and in discussion with staff, management and residents confirmed that the care provided was safe, compassionate, effective and that the home was well led.

### Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Siobhan Duffy, manager and James Wilson, registered person 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 residential care home. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall consider in conjunction with the regional infection prevention and control guidelines the provision of hand sanitising gel throughout the home.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Handgels were distributed throughout the home. Wall mountde dispensers are located in key location as advised.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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