

Inspection Report

8 November 2021



The Beeches Professional & Therapeutic Services

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd</p> <p>Responsible Individual: Mr James Brian Wilson</p>	<p>Registered Manager: Mrs Siobhan Duffy</p> <p>Date registered: 25 July 2019</p>
<p>Person in charge at the time of inspection: Ms Lianne Montgomery – Deputy Manager 9.30am – 12.00pm</p> <p>Ms Michelle Hanna – Deputy Manager 12.00pm – 6.00pm</p>	<p>Number of registered places: 34</p>
<p>Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 32</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 34 residents. The home is divided in four cottages. There are communal dining and lounge areas in each of the cottages and residents have access to garden areas.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 November 2021 from 9.30am to 6.05pm by a care inspector.

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

Residents were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from residents and staff are included in the main body of this report.

Areas for improvement were identified in relation to record keeping and mealtime options.

RQIA was assured that the delivery of care and service provided in The Beeches Residential Care Home was safe, effective and compassionate and that the home was well led.

Staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Michelle Hanna, Deputy Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 13 residents and six staff. Residents spoke positively on the care that they received and with their interactions with staff. Staff were confident that they worked well together and enjoyed working in the home and interacting with the residents.

We received five residents' questionnaire responses each indicating that they were happy living in the home and felt safe in the home. Residents indicated that staff in the home were kind to them and added comments, for example, "The staff are so kind and so supportive in every way. I love living here and happy with every aspect of being here." One relative's questionnaire was returned indicating that they were very satisfied that the care provided in the home was safe, effective and compassionate and that the home was well led. The relative commented that their loved one was 'well and truly looked after' in the home.

There was no feedback from the staff online survey.

5.0 The inspection

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

Areas for improvement from the last inspection on 23 February 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that the identified resident's nutritional care records are reviewed to ensure that these are up to date with the current plan of care.	Met
	Action taken as confirmed during the inspection: The identified resident's care records had been reviewed and reflected the resident's current care needs.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that all staff remain bare below the elbow when in areas where care is provided.	Met
	Action taken as confirmed during the inspection: All staff observed in care areas during the inspection were bare below the elbow.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. A training coordinator had been employed by the provider to assist the manager in the monitoring staff compliance and overseeing training for the organisation. A training committee had been established and committee meeting minutes were available for review including attendees;

topics discussed and decisions made. In-house trainers had been trained to provide staff training on infection prevention and control (IPC), first aid and fire safety. Training was completed electronically and face to face and the coordinator confirmed that additional external training had been arranged. Staff confirmed that the training they received was sufficient in helping them to meet their role in the home.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Staff confirmed that residents' needs were met with the number of staff on duty. Staff said there was good teamwork in the home.

Residents spoke highly on the care that they received and confirmed that staff attended to them when they requested them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day. Communication in the home was supported by staff meetings, use of a noticeboard and memos from management to staff. Staff confirmed that they felt communication in the home between staff and management was good.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. Staff were observed to be prompt in recognising residents' needs and any early signs of distress. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Accident records had been completed and reflected that these had been managed appropriately with medical advice sought and the correct persons, including next of kin, RQIA and the commissioning Trust, informed. However, a review of an identified resident's records following a period of time in hospital, following an accident in the home, evidenced that these had not been consistently updated on return. This was discussed with the manager and identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff were aware of residents' nutritional requirements in accordance with speech and language therapy recommendations. These recommendations were also reflected within the residents' care records and were available in the kitchen area of each cottage. All food served had also been prepared in the home. Staff were aware of residents' food preferences and the food served looked appetising and nutritious. However, the menu only offered one

option at mealtimes and whilst alternatives were provided when residents did not like the meal option, an area for improvement was identified to ensure that the mealtime menu offered a choice of meals at mealtime. Meal options should also include compatible food options for residents who require to have meals modified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as the lounge, dining room and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Residents, who could, held their own bedroom keys and could lock their rooms when they left the room if they wished.

There was good signage in the home to aid in orientation and assist in navigating around the home. On entry to the home rooms such as social and activity rooms, administrator's office, visitor's toilet, nurse's treatment room and the cottages were signposted. Each room and each cottage was clearly identified with signage on the doors. Hand hygiene and personal protective equipment (PPE) was available at the entrance to each cottage. A notice identifying the person in charge of the home in the absence of the manager was available on entering the home.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff. There was information leaflets available in relation to COVID testing and information was available in relation to the Flu vaccine. Environmental infection prevention and control audits had been conducted monthly.

Visitors, including professional visitors, had temperature checks and completed a declaration form relating to Covid – 19 contacts and symptom checks completed on entering the home. Hand hygiene facilities and a PPE station was available at the entrance to the home. All visitors were required to wear PPE. Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how and where they spent their day. Residents and staff confirmed that residents could remain in their bedroom or go to a communal room when they requested. There was an enclosed garden area with seating

between the cottages and garden areas. All residents were presented well in their appearance and appeared settled and comfortable in their environment.

Social activities were facilitated daily in the home. Activities were conducted on a one to one and on a group basis. Residents were consulted in relation to the activity provision and their thoughts and views were taken into consideration when planning activities. Activities were conducted in the cottages, the social room, a movie room, the activity room and the hairdressing room. There was ample space outside of the home for residents to go for a walk and outings from the home were planned. Residents went on a bus outing to Newcastle on the day of inspection.

Residents' meetings were conducted minutes of the meetings recorded. There was evidence from the minutes of discussions had around activities and outings, Covid testing, the menu, fire safety, infection control, complaints and safeguarding.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Siobhan Duffy has been the registered manager in this home since 25 July 2019.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

A system was in place to record any complaints about care or any service they received in the home. Records included the detail of the complaint and the corresponding investigations and/or actions taken in response to the complaint including the responses to the complainants.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a two yearly basis. Staff told us they were confident about reporting any concerns about residents' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

Staff commented positively about the manager and the management team and staff felt that managers would listen to them if they had any concerns. Staff described the home's management as 'supportive' and 'approachable'. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

6.0 Conclusion

Residents spoke positively on living in the home and were presented well in their appearance. Staffing arrangements were in place to deliver the care required to residents. Staff had been recruited safely and trained well. The environment was warm, clean and comfortable for residents to live in. Residents could avail of any of the varied activities on offer in the home. Residents were offered choice throughout their day.

Based on the inspection findings and discussions held we 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 and management team.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Michelle Hanna, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that the identified resident's care plans are reviewed to ensure consistency in record keeping following a period of time in hospital. Ref: 5.2.2
To be completed by: With immediate effect	Response by registered person detailing the actions taken: The Manager has spoken with staff on record keeping and details required for all entries especially following incidents.
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the mealtime menu offers a choice of meal for residents in the home. This will also include residents who require to have their meals modified. Ref: 5.2.2
To be completed by: 8 December 2021	Response by registered person detailing the actions taken: The Manager has addressed this with the Head cook and added in more choices for all residents.

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



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Authority

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