

# Inspection Report

22 November 2022



## The Beeches Professional & Therapeutic Services

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> The Beeches Professional &amp; Therapeutic Services Ltd</p> <p><b>Responsible Individual:</b> Mr James Brian Wilson</p>	<p><b>Registered Manager:</b> Mrs Siobhan Duffy</p> <p><b>Date registered:</b> 25 July 2019</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Siobhan Duffy</p>	<p><b>Number of registered places:</b> 34</p>
<p><b>Categories of care:</b> Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 34</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 34 residents who have a learning disability. Residents are accommodated within four separate cottages in the home and have access to communal lounge and dining spaces within each cottage. There are enclosed and open garden areas for residents.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 22 November 2022 from 9.20am to 5.30pm by a care inspector.

The inspection sought 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 members are included in the main body of this report.

There was sufficient staff available to provide care and staff members engaged well with residents in a caring and compassionate manner. There was a good working relationship between staff and management.

An area for improvement was identified in relation to the management of topical preparations in the home.

RQIA was assured that the delivery of care and service provided in The Beeches Professional and Therapeutic Services was safe, effective and compassionate and that the home 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, 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 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 the 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 eight staff on duty. Residents told us that they were happy living in the home and spoke positively on their engagements with the staff and with the activity provision in the home. Staff members were confident that they worked well together and although acknowledging that the work can be challenging at times, all confirmed that they enjoyed working in the home and interacting with the residents.

There were 10 questionnaire responses received from residents. All respondents indicated that they felt safe, they thought staff were kind, they thought the care was good and they thought the home was well organised. One commented, "All the staff are good to me. I love all the staff in The Beeches". We received 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 8 November 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Staff confirmed that the length of time for each induction depended on the staff member's abilities and understanding of their role. Staff, newly employed into a care role, would make an application to register with the Northern Ireland Social Care Council (NISCC) and weekly checks were made to ensure that all care staff maintained their registrations with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), resident moving and handling and fire safety. The manager confirmed that they had implemented a new 'training focus week' in which each week staff would focus on a topic to refresh their training on. The training focus during the week of inspection was on Control of Substances Hazardous to Health. Training had been provided electronically and face to face. A system was in place to ensure that staff completed their training and evidenced that the majority of staff had achieved compliance with this. Staff also confirmed that they were further supported through supervision and appraisal processes.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Discussion with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

Staff spoke positively on the teamwork in the home. One told us, "Teamwork is brilliant; there is a really good team here". Another commented, "We are all treated as equal and supportive of each other." Staff members were observed to work well and communicate well with one another during the inspection.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked.

### 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 and confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day. Day reports and night reports were completed within each cottage to aid in the handover process and the sharing of information. Staff members 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.

Residents consulted spoke highly on the care that they received. Those who could not verbally communicate appeared settled and content in their environment. 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. Residents told us that they were happy living in the home.

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.

Residents' care records focused on their individual likes and preferences and how they liked to spend their day. The manager confirmed that they had completed the 'My Home Life' training. As a result of the training, a more detailed and personalised assessment of the residents was completed to give an even greater insight into each one of them.

The manager confirmed that all residents' care records will be updated to include this detail. Daily records were kept of how each resident spent their day and the care and support provided by staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was good availability of food and fluids identified during the inspection. Records of contacts made to and from other healthcare professionals such as speech and language therapists (SALT) or general practitioners were recorded well and in detail within residents' care records.

Residents dined in the dining room or their preferred dining area. Food was freshly prepared in the kitchen and transferred to cottages in heated trolleys. The food served appeared nutritious and appetising. Portion sizes were appropriate for the residents to whom the food was served. The mealtime was well supervised. Food place mats were used to ensure that residents were safely given the correct food and fluid levels as assessed by SALT. Staff consulted were aware of the correct actions to take should a patient choke on their food. A list of residents' dietary requirements was also available within each cottage's kitchens. All kitchens had been refurbished since the last care inspection. Residents told us that they had enjoyed their meals. Residents also enjoyed monthly takeaways from a local Chinese restaurant.

Creams observed to be in use in the home had not been dated when opened. This is important when it comes to disposing of the creams in accordance with manufacturers' guidance. In addition, the creams had not been recorded when administered on a topical medicines administration record (TMAR). The person who applies the cream is the person responsible for recording the administration. This was discussed with the manager and identified as an area for improvement.

### **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 lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. There were enclosed garden areas external to the home where residents could safely sit or enjoy the swing.

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. There was an ongoing painting programme in place. Painters were present on the day of inspection. New equipment had been purchased for the home's main kitchen.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. There was good compliance noted with best practice on infection prevention and control during the inspection. All visitors to the home were required to wear face coverings.

Observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.



Staff use of PPE and hand hygiene was regularly monitored by the manager and records of these checks had been maintained. Records evidenced actions taken when staff were found not to be in compliance with hand hygiene practices. There was good signage throughout the home in relation to the importance of hand hygiene. Environmental audits had been completed monthly within each cottage to monitor IPC compliance within areas such as the entrance, residents' bedrooms and communal rooms.

#### **5.2.4 Quality of Life for Residents**

Residents were well presented in their appearance and told us that they liked living in the home. One resident told us, "The staff here are very nice; I love living here". Five residents had resumed attending a day care setting from Monday to Friday.

The home now had access to three vehicles to facilitate residents' outings or to help in attending their appointments. Residents attended local places of interest such as Hillsborough Forest Park, Quoile River Walk, Montalto Estate, Newcastle, the cinema or out for lunch. Residents told us of enjoying bowling in Lisburn and out shopping to various venues.

External visitors had returned to the home to provide services onsite such as chiropody, reflexology and hairdressing. An external person provided musical entertainment on each Thursday of the week.

Activities were conducted on a group basis and on a one to one basis depending on the preference of the resident. There was a social room and an activity room in the home and/or residents could enjoy activities within their own cottage. Staff were aware of residents' routines and the things that they enjoyed doing. Activities included bingo, sensory games, board games, colouring, reminiscence, card games, television, music and arts and crafts. Records were kept of all outings and activities completed in the home.

Plans were in place to celebrate Christmas. Residents were making Christmas decorations on the day of inspection and a Christmas pantomime had been booked for residents to attend.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Visiting was conducted in line with Department of Health guidelines. The updated visiting guidance was on the home's website. Residents were free to leave the home with their relatives if they wished to go out.

#### **5.2.5 Management and Governance Arrangements**

Since the last inspection there had been no changes to the management arrangements. Mrs Siobhan Duffy has been the registered manager of the home since 25 July 2019. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager and management team to be 'approachable' and 'would listen to staffs' concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and the roles of others.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included care records, medicines management, staff training and staff registration monitoring. Action plans had been developed where deficits were found and the action plans showed evidence of review to ensure that identified actions had been completed. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to residents' next of kin, their care manager and to RQIA.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. The number of complaints in the home was low. Cards and records of compliments received were maintained and shared with staff.

Staff told us they were confident about reporting any concerns about residents' safety. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

Reports of Provider's monthly monitoring visits were available for review and included consultations with staff and residents and a record of the areas reviewed during the visit. Where actions were identified during the visits, an action plan was included within the report and reviewed at the subsequent visit. Reports were available for review by residents, their representatives, the Trust and RQIA.

## 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

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



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that topical preparations in use in the home are dated on opening and records are maintained of their administration.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff have been reminded to date all topical creams and record administration as per policies and procedures and audit processes. This will be discussed at staff meetings and group supervisions.</p>

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The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)