



The Beeches Professional & Therapeutic  
Services  
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41 Lisburn Road  
Ballynahinch  
BT24 8TT

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**Unannounced Care Inspection  
of  
The Beeches Professional & Therapeutic Services  
15 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 15 September 2015 from 12.30 to 18.00. We were accompanied by a lay assessor who met with residents individually to obtain their views about their life in the home. On the day of the inspection we found the home to be delivering safe, effective and compassionate care in the standard and theme inspected.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> The Beeches Professional and Therapeutic Services Ltd/Mr James Brian Wilson	<b>Registered Manager:</b> Roisin McClenaghan
<b>Person in Charge of the Home at the Time of Inspection:</b> Roisin McClenaghan	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 34
<b>Number of residents accommodated on day of inspection:</b> 33	<b>Weekly tariff at time of inspection:</b> £1086.00 - £2540.00

## 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 standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

#### 4. Methods/process

Prior to inspection we analysed the following records: the returned QIP from the last inspection, notifications of accidents and incidents.

We met with fourteen residents and two care staff. Ten residents completed residents' questionnaires with the lay assessor. No visiting professionals or resident's visitors/representatives were present.

We examined the care records of four residents, staff training records, the accident and incident register, complaints and compliments records and fire safety records. We also examined policy and procedure documents relating to the standard and theme inspected.

#### 5. The inspection

##### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 16 April 2015 which resulted in no requirements or recommendations being made.

##### 5.2 Review of requirements and recommendations from care inspection dated 19 September 2014.

The QIP from this inspection was not examined during the last care inspection dated 19 September 2014; the findings are detailed below.

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.7	Records are kept of all instances when restraint is used.  Reference to this is made in that the home's Statement of Purpose needs to be reviewed to include a description and detail of the locking of doors in some areas of the home and the access control measures on the external gates.	Met
	<b>Action taken as confirmed during the inspection:</b> Examination of the home's Statement of Purpose confirmed that this now included a description and detail of the locking of doors in some areas of the home and the access control measures on the external gates.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The registered manager stated that there had been few deaths within The Beeches; the last death had occurred approximately two years ago.

We inspected four residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments were appropriately signed.

We noted that only a small number of care plans contained details of the residents' or families wishes regarding any specific arrangements at the time of his or her death. In our discussions with the registered manager we were advised that the residents accommodated were relatively young and in good physical health; consequently the timing of any discussions with families regarding end of life considerations needed to be approached with sensitivity. We found, however, that the contact details of residents' families and trust representatives, who might need to be approached in the event of emergency planning, were noted.

Care plans noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

#### Is care effective? (Quality of management)

The home had a policy and procedure in place relating to dealing with the death of a resident. A separate policy and procedure was in place for end of life care. This referenced current best practice guidance. In our discussions with senior staff they were able to demonstrate familiarity with how the policy and procedures would be implemented.

In our discussions with staff they confirmed that they had received First Aid training and would be able to respond appropriately to an accident or sudden illness. Additional staff support was provided by the manager who is a registered nurse. The organisation also employed a nurse with specialist training in palliative care who was available, if necessary, to support staff in providing end of life care.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Staff also confirmed to us that they were aware of the importance of nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff to ensure appropriate pain management. Notification of a death would be made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

### **Is care compassionate? (Quality of care)**

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described to us how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident were met by the GP and the district nursing team, the care needs of the resident were fully met by the staff.

The registered manager described how the resident had been encouraged to eat and drink by staff through specialist communication (Makaton) and the use of the resident's dolls to give a visual demonstration of the actions involved. The staff team had ensured that the resident was provided with constant company, comfort and reassurance during the final days.

The family was able to be with the resident at the end of life. The staff ensured that the family was made comfortable within the home. The registered manager explained to us that the news of death of the resident was shared with fellow residents in a sensitive manner.

A Dignity Plan had been completed with the resident's family who had wished the home to make the funeral arrangements. The manager made arrangements for the wake to be held within the home. This had allowed residents to take their leave from their friend and to become accustomed to the concept of loss. The residents chose to attend the funeral. Some participated in the funeral service through readings or singing the deceased resident's favourite songs.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the timing of removal of belongings from the room of the deceased resident.

In speaking with staff it was evident that much thought had been put into assisting the residents, all of whom have a learning disability, to understand illness and death. The support and guidance provided to the residents after the death of their friend had contributed to this. Staff used specially prepared booklets to prompt discussion with residents. This was done with a view to assisting residents to prepare for losses within their own families. This supported compassionate care and was to be commended.

## Areas for improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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### 5.4 Theme: Residents receive individual continence management and support

#### Is care safe? (Quality of life)

The registered manager advised us that no residents had complex continence care needs. Should any resident need specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. Additional staff training would also be provided, if necessary. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed four residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

#### Is care effective? (Quality of management)

The home had a written policy and procedure relating to continence management and promotion; the policy document reflected current best practice guidance. The organisation also employed a nurse with specialist training in continence management who was available, if necessary, to support staff in providing continence care.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

#### Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

## Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 5.5 Additional areas examined

### 5.5.1 Residents' views

A lay inspector met with ten residents individually to obtain residents' views on the quality of care provided within the home. The residents' views were noted in the questionnaires completed with the lay inspector. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "It's very good here."
- "I think that in private residential home care this is the elite, top notch home care. I've never seen a better place."
- "I'm well looked after. The staff give us all the care we need, they're very good to us. I'm satisfied with the care I get. Everything is perfect."
- "I like it here."
- "I do like it here. Sometimes I go out on the bus – I enjoy that. I make good friends here."
- "I am well looked after."
- "The staff give me good advice and help me with my access time. It's really up to a high standard here, the staff are brilliant, they are always here to give a helping hand."

### 5.5.2 Staff views/questionnaires

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Staff questionnaires were returned by five staff members. All staff members indicated satisfaction with the care provided within the home.

Some comments included:

- "The residents in The Beeches come first. I have worked in other homes and that is the thing that I have noticed about here. There is an abundance of everything that is needed to provide care for the residents. The staff team is listened to and encouraged to contribute ideas about how the residents are looked after. If we (staff) have a problem, we can approach the manager or the directors, they are all receptive to this. The staff team is generally settled but some staff have gone to do their nursing or social work qualifications so there has been some new staff. Everyone gets a thorough induction followed by mandatory training in all aspects of care which ensures good quality of care to the residents."
- "I am very proud to work here. A lot of places get a bad press and you never hear of the good places and this is one of the good places. This is a home for the residents, first and foremost. I would say that the residents are very happy living here. I feel there is an excellent quality of care provided to the residents. Many staff members have worked here for a long time and that is a benefit to the residents as there are good relationships with staff. Staff have plenty of training which is regularly updated. New staff are always welcomed and given a good induction. The residents have good input

into how the home is run – there are residents’ meetings and committee meetings run by the residents. I find the management very approachable. The manager has an open door policy and always takes time to listen to staff and is very good at supporting the staff team.”

### **5.5.3 Staffing**

At the time of inspection the following staff members were on duty:

- 1 manager
- 2 deputy managers
- 2 level 2 team leaders
- 1 day care co-ordinator
- 3 level 1 team leaders
- 9 support workers
- 2 administrative staff
- 1 cook
- 1 assistant cook
- 2 domestics
- 2 laundry assistants

Two deputy managers, two senior team leaders, three team leaders and nine support workers were scheduled to be on duty later in the day. Two twilight staff were also to be on duty between 17.00 and 22.00. One team leader and five support workers were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### **5.5.4 Environment**

We found the home to be clean and tidy and well maintained. Décor and furnishings were of a high standard.

### **5.5.5 Care practices**

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **5.5.6 Accidents/incidents**

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### **5.5.7 Complaints/compliments**

The home had received no complaints since June 2013. There were systems in place to ensure that records were retained of complaints, investigations, outcomes and lessons learned. The home had received several written compliments. Staff advised us that compliments are usually provided verbally.



### 5.5.8 Fire safety

The home had a Fire Safety Risk Assessment dated 2 October 2014. The registered manager advised us that all recommendations arising had been actioned.

Inspection of safety records confirmed that fire safety and security checks are completed nightly and records retained. We examined records which confirmed that fire alarms were tested weekly and emergency lighting and fire equipment were checked monthly.

#### Areas for improvement

There were no areas of improvement identified within the additional areas examined.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Roisin McClenaghan	<b>Date completed</b>	26/10/15
<b>Registered Person</b>	James Wilson	<b>Date approved</b>	26/10/15
<b>RQIA inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	29/10/15

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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 home. 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.