



Unannounced Care Inspection Report 23 February 2021



The Beeches Professional & Therapeutic Services

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

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.

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 registered to provide residential care for up to 34 persons. The home is divided into four cottages with individual dining rooms and communal rooms for residents.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd	Registered Manager and date registered: Siobhan Duffy – 25 July 2019
Responsible Individual: James Brian Wilson	
Person in charge at the time of inspection: Siobhan Duffy	Number of registered places: 34
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 23 February 2021 from 10.00 to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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
Total number of areas for improvement	0	2

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

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 residents, six staff, one visiting professional and one resident's visitor. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota
- staff training records
- minutes of staff/residents' meetings
- supervision/appraisal planner
- domestic cleaning records
- a selection of quality assurance audits
- incident and accident records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- complaints/compliments records
- programme of activities
- RQIA certificate
- monthly monitoring reports
- three residents' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 August 2020. No further actions were required to be taken following the most recent inspection.

6.2 Inspection findings

Staffing

On the day of inspection 33 residents were accommodated in the home. The home was split into four separate cottages with eight residents homed in three and nine residents accommodated in the fourth. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 15 February 2021. Staff consulted during the inspection confirmed that residents' needs were met with the planned staffing levels and skill mix. Residents spoke positively on the care that they received and voiced no concerns in regards to the staffing arrangements. One told us, "All the staff are good to you." Another commented, "All the staff are very good to me. Siobhan is really good to us; always helps us out."

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Training had been provided in a variety of ways; face to face taking social distancing into consideration, electronic learning and through the use of booklets. Additional staff had been trained to provide in-house training on manual handling, adult safeguarding, first aid, infection control, fire safety and health and safety. This was seen as good practice. A matrix was utilised to ensure that all staff completed mandatory training. Training dates were displayed on a staff notice board identifying which staff were to attend the identified training course. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Supervision and appraisal matrixes were developed to ensure that staff received an annual appraisal and at minimum two recorded supervisions per year. The manager confirmed that staff were notified two months in advance of supervisions or appraisals dates to give staff time to prepare. Supervision dates were displayed on a notice on the staffs' notice board identifying the staff required to attend.

There was evidence of recent staff meetings which had occurred. Minutes of the meetings had been recorded. Topics discussed included adult safeguarding, promotion of independence, dignity at work, housekeeping, use of PPE and COVID – 19 regulations. A communication book was used by staff to transfer important information to other staff. Agendas for meetings were included within the communications book. Staff were aware to read the communication book regularly for updates.

In addition, the manager had sent individual memos to all staff identifying changes to COVID – 19 regulations such as visiting, testing procedures, PPE use, training and/or travelling to work.

Staff spoke positively in relation to the teamwork in the home. One commented, “Everyone is so supportive here.” Another stated, “There’s a great bunch here; very good team.” Staff were observed to communicate well with each other during the inspection.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with residents in a compassionate and caring manner. Residents spoke positively in relation to engagements with the staff. One told us, “It’s really good here. Siobhan ordered me a new television and bracket. I am very happy here.” Another commented, “I love it here and I love my room. I can go out for a walk whenever I want. I enjoy helping out.” Several residents spoke fondly of helping with home tasks such as emptying bins, cleaning the kitchen and dining areas, updating the menu board and/or hoovering. Some residents also held keys to their bedrooms which they could lock when they were not present.

Five residents returned questionnaires indicating that; they felt safe, thought the care was good, that staff were very kind and the place was well organised. Residents made the following comments during the inspection and within returned questionnaires:

- “The staff are all kind to us all of the time.”
- “Jenny does a lot of day care with us. Siobhan Duffy is very good. Lianne is very good. Mandy is very good. The care is very good at The Beeches. I am looked after well.”
- “OK.”
- “Staff are always kind to me and the place is very organised.”

Two relative questionnaires were returned indicating that both were very satisfied the home provided safe, effective and compassionate care and that the home was well led. The relative we consulted with during the inspection confirmed that they found the care in the home ‘Absolutely brilliant’; that staff knew their family member well and that the home facilitated visiting at a time suitable for them.

Indoor visiting was ongoing in accordance with the Department of Health guidelines. An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were scheduled on an appointment basis and a verbal health check was completed over the phone when the visit was being booked. Visitors were required to have their temperatures checked before the visit; answer a verbal checklist, perform hand hygiene and wear a facemask before entering the visiting room. The home provided visitors with appropriate PPE. In addition to indoor visiting, window visits and virtual visiting was encouraged.

The manager confirmed that they would normally communicate any change with residents’ relatives via the telephone; via email or verbally before or after organised visits. There were minutes available of meetings with residents which occurred within each cottage recording any discussions or updates made.

One care partner arrangement had been confirmed in the home. Care partner agreements had been developed identifying the care to be provided; when the care was to be provided and with whom this had been discussed and agreed with.

The care partner was part of the homes' staff testing programme for COVID – 19. A system was in place to ensure that the care partner received training on hand hygiene and donning and doffing of PPE.

We reviewed the mealtime experience in the home. Residents were socially distanced in the dining room. Staff wore the appropriate PPE when serving meals or assisting residents with their meals. Pictorial menus were on display in addition to a handwritten menu. Staff sat with residents when assisting with the meal and residents were assisted in an unhurried manner. Drinks were served with the meal. Residents wore clothing protectors where required. Food served appeared nutritious and appetising. Residents appeared to enjoy the mealtime experience.

A full time day coordinator was onsite to coordinate activities within the four cottages. Activities were conducted during the mornings and afternoons. During the inspection we observed activities in each of the cottages which included chair aerobics, bingo, music sessions and board games. The cottages did not currently mix during activities given the risk from the current COVID – 19 pandemic. The home was actively recruiting for an additional day care assistant to assist with activity provision. Additional activities included reflexology, baking, quiz, hairdressing, movies, storytelling and arts and crafts. There was a sensory room in the home which residents could avail off. Records were maintained of activity provision including which activity was conducted and who was involved. A quarterly report was written on the provision of activities in the home.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'I can't thank you enough for all your hard work with keeping ... and all the residents safe through this virus.'
- 'Just want to thank you and all the staff for the wonderful job you have done in these very difficult times.'
- 'To each and every one of you; Thank You! At a scary time like now we know ... and all ... friends are having the best care by you all.'

Care records

A comprehensive list of individual support plans was in place for each resident and had been reviewed regularly to ensure that these remained relevant. The records were drafted in a person centred manner and emphasis was made on the use of restrictive practice, privacy, vulnerability and management of chemical restraint. Personal care plans such as assisting with continence or hygiene needs took into consideration the preferred gender of the person assisting.

We reviewed one resident's care records for moving and handling. A moving and handling risk assessment had been completed identifying risk factors. A care plan had been drafted which was reflective of the risk assessment. A personal emergency evacuation plan (PEEP) had been completed to advise staff of how to safely evacuate the resident from their room in response to an emergency such as a fire.

We reviewed another resident's care records in relation to nutrition. The care records accounted for oral health, dental care, normal eating habits, risk of choking and recommendations from the speech and language therapist.

However, some information within the care records were conflicting. This was discussed with the manager and identified as an area for improvement.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask and a visor. Both were available at the entrance to the home. Hand hygiene was available at the entrance to the home. Personal protective (PPE) equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with residents. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all residents on a four weekly basis. Residents' temperatures were checked twice a day as a means to detect if any were developing symptoms.

Staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. However, during the inspection four staff were observed in the cottages not bare below the elbow. This will prevent effective hand hygiene as the staffs' wrists cannot be effectively cleaned when wearing wrist jewellery such as a watch or bracelet. This was discussed with the manager and identified as an area for improvement. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. Domestic cleaning hours had increased from the commencement of the COVID – 19 pandemic. Care staff on day and night duties also had identified cleaning duties to complete daily. The frequency of the cleaning of regular touchpoints had increased. Cleaning records had been maintained.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was arranged with a central core area leading to four separate cottages where residents resided. Each cottage had its own communal areas for social and dining experiences. Corridors were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of any obstruction. There were no malodours in the home. The home was clean and tidy and warm. Residents' bedrooms had been personalised with their belongings.

There was evidence of recent upgrading of the home's heating system which had left track marks on walls. The manager confirmed that plans were in place for a painting and redecoration programme. The new heating system could be managed remotely should any concerns arise. During the inspection the flooring within two residents' bedrooms was in the process of being replaced. Plans were in place to replace other residents' bedroom flooring.

Chairs and tables in the dining area and chairs within the dayrooms had been adequately spaced to allow for social distancing. There was a large garden area surrounding the home. Residents shared that they enjoyed walking around the grounds when they wanted.

Leadership and governance

The management arrangements in the home had not changed since the last care inspection. The manager was supported by the director and four deputy managers. The RQIA certificate of registration was up to date and displayed appropriately.

A review of recruitment records evidenced that a safe system was in place to ensure that all pre-employment checks, including Access NI checks, were verified prior to the staff member commencing employment.

A system was in place to ensure that care workers maintained their registrations with the Northern Ireland Social Care Council.

Monthly monitoring visits were conducted by the director. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion.

The manager confirmed the areas which were audited on a monthly basis. These included care records, accidents/incidents, residents' belongings, infection control and hand hygiene. Environmental audits had been conducted weekly. We discussed ways in which to improve the traceability of the environmental audit such as identifying which rooms were reviewed and the development of a separate action plan to evidence actions taken where a deficit was identified.

A complaints file was available for review. Complaints records included the actions taken to remedy any complaint including the details of any investigation and the corresponding actions. Complaints were audited monthly and informed the monthly monitoring visit.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management. Staff consulted confirmed that they 'loved' and 'enjoyed' working in the home and that they found the home to be 'well organised.' Staff confirmed that they would have no issues in bringing any concerns to the attention of the home's management which they described as 'open and easy to talk too' and 'very approachable.'

Areas for improvement

Areas for improvement were identified in relation to staff remaining bare below the elbow to allow for effective hand hygiene and with review of the identified resident's nutritional care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The atmosphere throughout the home was relaxed. Staff were observed attending to residents in a caring and compassionate manner. Residents have commented positively on the care that they received. A variety of activities were provided in the home for residents' engagement. Staff had received IPC training and training in the use of PPE.

Care records had been maintained to a high standard. There was evidence of good working relationships between staff and management. Two areas for improvement were identified.

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, Registered Manager, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2021</p>	<p>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.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: This careplan has been thoroughly reviewed and updated with all aspects of care.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all staff remain bare below the elbow when in areas where care is provided.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: All staff have been reminded of bare below the elbow policy in line with IPC procedures. This will be monitored closely.</p>

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



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