



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: The Beeches Professional & Therapeutic Services (1580)

Date of Inspection: 19 September 2014

Inspector's Name: Alice McTavish

Inspection No: IN020410

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	The Beeches Professional & Therapeutic Services
Address:	The Beeches Professional & Therapeutic Services 41 Lisburn Road Ballynahinch BT24 8TT
Telephone number:	(028) 9756 1800
Email address:	james@thebeechesltd.com
Registered Organisation/ Registered Provider:	Mr James Brian Wilson
Registered Manager:	Mrs Roisin McClenaghan
Person in charge of the home at the time of inspection:	Mrs Roisin McClenaghan
Categories of care:	RC-LD ,RC-LD(E)
Number of registered places:	34
Number of residents accommodated on day of Inspection:	34
Scale of charges (per week):	Rates as agreed with referring Trust
Date and type of previous inspection:	Announced Primary Care Inspection 20 September 2013
Date and time of inspection:	19 September 2014 10.00am – 6.00pm
Name of Inspector:	Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	20	10

6.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

The Beeches Professional and Therapeutic Services Residential Care home is situated on the outskirts of Ballynahinch, Co. Down. The home is set in attractively landscaped gardens and has spacious car parking facilities. The Beeches Professional and Therapeutic Services Residential Care home is a modern purpose built facility designed to accommodate thirty four adults with learning disabilities. The accommodation takes the form of four self-contained cottages linked to a central core building which houses a large reception area, a multi-sensory room, activities room, music room, visitors lounge, kitchen, laundry and staff offices.

Each cottage can accommodate eight or nine residents in single rooms with spacious and accessible communal bathrooms. Each cottage also has a large snack kitchen, a dining room and a spacious lounge which opens directly onto an enclosed garden and patio area. There is also a large central courtyard which can be used by residents and staff.

The residential home is owned and operated by The Beeches Professional and Therapeutic Services Ltd; the responsible person is Mr James Wilson. Mrs Roisin McClenaghan is manager of the home and has been registered manager for 17 years.

The home is registered to provide care for a maximum of 34 persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of inspection

This primary announced care inspection of The Beeches Professional and Therapeutic Services was undertaken by Alice McTavish on 19 September 2014 between the hours of 10:00am and 6:00pm. Mrs Roisin McClenaghan was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendation made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these requirements have been addressed within the timescales specified RQIA. The detail of the actions taken by Mrs Roisin McClenaghan can be viewed in the section following this summary.

Prior to the inspection, Mrs Roisin McClenaghan completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Roisin McClenaghan in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

One recommendation is made relating to review of the Statement of Purpose to include a description of the restraints and restrictive practices employed within The Beeches Professional and Therapeutic Services. See section 10.7 below.

The evidence gathered through the inspection process concluded that The Beeches Professional and Therapeutic Services was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate and comprehensive records were maintained. The evidence gathered through the inspection process concluded that The Beeches Professional and Therapeutic Services was compliant with this standard.

Resident, relatives and staff consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires had also been completed and returned by staff.

In discussions with residents they indicated that that they were entirely happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their duties.

Comments received from residents and staff are included in section 11.0 of the main body of the report, as are those provided in writing to the inspector by relatives who had been unable to be present on the day of inspection.

Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a very high standard. Residents' rooms were individually decorated and personalised.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and one recommendation were made as a result of the primary announced inspection. The details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the registered manager, Mrs Roisin McClenaghan, the registered provider, Mr James Wilson and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 September 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
	Regulation 20 (3)	<p><u>Competency and capability assessments</u></p> <p>The registered manager is required to carry out a competency and capability assessment with any person who is given responsibility of being in charge of the home for any period of time in her absence.</p>	Examination of an individual personnel file and discussion with the registered manager confirmed that competency and capability assessments have been completed for any person who is responsible for being in charge of the home in the absence of the manager.	Compliant
	Regulation 21.Sch 2. 7.	<p><u>Physical and Mental Health Assessments</u></p> <p>Selected staff employment records showed evidence of data as listed in the criterion with the exception of independent pre- employment evidence that the person is physically and mentally fit for the purposes of the work which he / she is to perform in the home.</p> <p>(Currently staff signed declarations are in place which would be acceptable if it was impracticable for the person to obtain the aforementioned evidence.)</p>	Discussion with the registered manager and examination of staff employment records confirms that the GP for any new staff member is requested to provide details of the staff member's fitness to carry out care duties.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
	Standard 29.1	<p><u>Fire Risk Assessment</u></p> <p>Currently fire risk is reviewed and recorded by the manager.</p> <p>In keeping with recent correspondence from RQIA to all residential care homes the undertaking of a Fire Risk Assessment by a competent capable fire safety person is recommended.</p>	<p>Examination of the Fire Risk Assessment confirms that this assessment was undertaken in October 2013 and is due for review in October 2014.</p>	<p>Compliant</p>

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment The service has a comprehensive policy covering assessment, support planning and review procedures. This policy has been written to reflect current guidance from DHSSPS and the HRA. All care staff receive training during induction about effective communication and managing and responding to the behaviour of residents. The service also provides training in restraint/physical intervention to care staff and awareness training on the HRA and how it relates to our residents. A resident's needs in this area will be assessed, identified and detailed in their individual support plan. All events and actions associated with that need will be recorded and these records reviewed regularly to ensure the plan is effective and producing the expected outcomes. Staff will be expected to adhere to the support plan and provide a consistent approach that reflects the individual needs of each resident. The service has reviewed its support plan documents to include reference to the relevant section(s) of the HRA. All support planning takes place within the context of the multi-disciplinary team and all agencies are kept informed and updated on changes to support plans. The service complies with all RQIA notification guidance for the occurrence of physical intervention.	Compliant
Inspection Findings: The home had a policy and procedure 'Restrictive Practice and Restraint' dated March 2014 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on	Complaint

each occasion restraint is used.

Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.

A review of staff training records identified that all care staff had received training in behaviours which challenge entitled 'Care and Responsibility' on 15 and 16 May 2014 which included a human rights approach.

A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded in detail and included how staff should respond to assessed needs. Consideration of Human Rights is embedded throughout each individual's care plan, which is written in a clear and easy to understand manner, giving meaningful examples of how rights are upheld in the daily lives of the residents.

Risk assessments were appropriately completed and signed by each resident according to their capabilities, by the staff member undertaking the assessment and by the registered manager. A description of any restrictions was described using Deprivation of Liberty Safeguards (DOLS) guidance and included consideration of the nature of the restriction, the reason for it, how it had been agreed and who had been involved in agreeing it, how it could be reduced and actions agreed to remove or reduce any restriction.

Staff who met with the inspector demonstrated knowledge and understanding of residents' usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that training is provided and regularly updated.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The organisational structure of the service is designed to facilitate rapid and effective communication between members of the care staff. Staff receive training during induction on the importance of reporting and recording all unusual behaviours. The service places a great emphasis on the value of early identification and response to unexpected or uncharacteristic behaviour.</p> <p>Staff at all levels of the service have an individual responsibility to report any concerns they have about residents behaviour no matter how minor or trivial it may seem to them. Staff are empowered to respond to behaviour to maintain a safe environment and to report immediately to senior staff who will determine the appropriate response. Unusual behaviour is recorded in the service user's support plan. Records are regularly reviewed by senior staff and the review is noted in the support plan. Depending on the behaviour the service may decide to monitor the resident, discuss the behaviour with relatives or refer to community support service e.g. BNT, psychology, psychiatry.</p> <p>Staff support and training needs are discussed individually and collectively during regular 1:1 supervision and staff meetings.</p>	Compliant
Inspection Findings:	
The policy and procedure 'Restrictive Practice and Restraint', March 2014 included the following: <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary 	Compliant

- . Reporting to senior staff, the trust, relatives and RQIA.
- . Agreed and recorded response(s) to be made by staff

Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge and that is recorded in the individual action plan.

Three care records were reviewed and identified that they contained the relevant information regarding the resident identified uncharacteristic behaviour.

A review of the records confirmed that representatives and / or members of the multi-disciplinary team had been informed appropriately.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All behaviour management strategies and planned interventions are written down and the most current version is available in the resident's support plan. The plan has been developed with the involvement of the resident. All support plans and reviewed at least annually with the MDT. Different sections of a support plan may be reviewed with greater frequency depending on the need. This ensures that the response of the service to each identified need remains effective. Reviews are carried out by experienced members of the management team. Support plans are developed with the involvement and consent of the resident. Residents will be informed and their consent sought if we wish to approach their representative regarding their support needs.	Compliant
Inspection Findings:	
A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed; a Human Rights approach was integrated throughout. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. A review of care plans indicated that there was close communication between day care facilities and the residential home which allowed for daily exchange of information and consistency of care.	Complaint

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The behaviour management policy requires that all behavioural management programmes are implemented only with the involvement of BNT or community psychologist. There are regular reviews of all programmes. The service maintains close contact with the MDT to ensure that there is a timely and appropriate response to changes in residents needs.	Compliant
Inspection Findings:	
A review of the policy and procedure document 'Restrictive Practice and Restraint' identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary. A review of three behaviour management programmes identified that they had been approved by an appropriately trained professional. The behaviour management programme formed part of each resident's care plan, there was evidence that the resident had been involved in devising and contributing towards their own plan, that it was kept under regular review and used positive approaches to achieve optimum outcomes.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Staff who implement behaviour management programmes receive specific instruction on their correct use. They will be supported by senior staff to implement these programmes consistently. Programmes are reviewed regularly to ensure a consistent approach is maintained and that the plan has producing positive outcomes.</p> <p>Any issues related to the management of residents behaviour is recorded in their support plan and information is passed between direct care staff and senior management at least twice daily through formal handover reports at the start and end of each shift. Issues to follow-up with other professionals or agencies are discussed in senior management handovers. Behaviour management is also discussed during the regular staff meetings and can also be addressed as an issue in 1:1 staff supervision.</p> <p>The service's performance in this area is examined via the monthly monitoring visit and the annual resident and staff surveys.</p>	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> . Behaviours which challenge 'Care and Responsibility' on 15 and 16 May 2014 . Training in regard to the home's categories of care, e.g. mental health, autism. <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Occurrences of behaviour not addressed in the support plan are recorded and reported as an unusual event in the support plan. Regular management discussion and reviews of these records highlight any significant changes in behaviour i.e. an escalation in severity or frequency of a existing behaviour or the emergence of new behaviour. We seek guidance and advice from the multi-professional team and this may ultimately result in a formal referral. Changes to a resident's support plan are made with the involvement and consent of the resident . If they lack capacity we will inform and seek the consent of their representative and HSC trust.	Compliant
Inspection Findings:	
A review of the accident and incident records and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	
Provider's Self-Assessment	
<p>The service has a detailed policy on the use of physical intervention and the use of restraint which have been written to reflect current guidance from DHSSPS and the HRA.</p> <p>All care staff receive training in Care and Responsibility de-escalation and restraint techniques. Staff are trained to view restraint is a last resort technique used only in extreme circumstances where all other least restrictive techniques i.e de-escalation and negotiation have failed and where the service user is at imminent risk of harm or is attempting to harm others.</p> <p>A full risk assessment is carried out addressing on the use of C&R for each resident and where appropriate the assessment will detail specific techniques to be used with a resident in the event of restraint becoming necessary. All C&R events are recorded using the Physical Intervention Record Form (PIRF). RQIA is notified of any incident of PI occurring in the service.</p> <p>These records are audited annually to track incidence of the use of restraint in the service. Staff and residents are offered debriefing after every incident of C&R. C&R training is refreshed annually for all trained staff.</p>	Compliant
Inspection Findings:	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident's care plan.</p>	Compliant

Residents confirmed during discussions that they were aware of decisions that affected their care, that they had been actively involved in contributing towards such decisions and they had given their consent to the limitations in place to minimise the impact of these limitations.

The Beeches Professional and Therapeutic Services provide accommodation and support to residents with a range of learning abilities and disabilities. A small number of residents can move freely throughout their own cottage and in communal areas and also to leave the grounds and walk into the local town. Other residents require a higher level of supervision and support to maintain their safety and for these residents it is necessary that they do not have free movement outside their own cottage without being accompanied by a staff member. For this purpose, a keypad entry and access system is employed in two of the four cottages. Residents who are able to do so are given the key code to use as they wish. Automatic gates are located at the entrance to the site along with a pedestrian gate which is also controlled by a keypad; some residents are able to use this gate independently. A policy document is in place for the use of locked doors.

A review of the home's Statement of Purpose noted that the types of restraint and restrictive practices used in the home are not described. A recommendation is made that the Statement of Purpose is reviewed to include a description of any restraint or restrictive practices.

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED

COMPLIANCE LEVEL

Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED

COMPLIANCE LEVEL

Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All residents have an individual programme of activities and events that is based on their assessed and expressed needs and interests. The assessment is made using an assessment tool developed by the organisation. Activities and events provided by the service are planned with the service user and their direct care staff to develop an individual day care plan. Resident's have an Individual Day Care file containing their day care assessment, daily notes and weekly review of participation. The participation and outcomes experienced by each resident is recorded by their direct care staff in their day care file. The delivery of activities and events is monitored by the cottage team leaders (SSW Level 1) and the senior management team by regular inspection and review of these records.</p> <p>The statement of purpose and residents guide both discuss the activities and events provided at the service. The service offers a diverse range of activities in-house including: art and craft, adult education, aromatherapy, beauty treatment, massage, exercise and physical activity, multi-sensory activities, leisure, diversional, and music as well as providing access to the full range of social and cultural opportunities and events in the local area.</p>	Compliant
Inspection Findings:	
<p>The home had a policy on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents and there is a weekly activity schedule in place. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The home has a policy on the taking and displaying of photos within the service and seeks consent for using images of residents.</p> <p>Individual day care plans are developed with the involvement of the resident. The activities and events they participate in are reviewed weekly to ensure they meet their assessed needs.</p> <p>Residents spiritual needs form part of their assessment and their wishes with respect to participation in their religion are facilitated by the home.</p> <p>The service promotes healthy living through encouragement of regular physical activity, healthy eating and participation in a diet club.</p> <p>The programme of activities is reviewed regularly, changes are made in response to regular public holidays i.e. Easter, Halloween, Christmas. The service runs an annual "Summer Scheme" when the Beeches Resource Centre is on a two week summer break. Residents who attend a statutory day service will have activities provided on those occasions throughout the year when their regular day service is not available.</p>	Compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised on numerous occasions each week. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents' inclusion in community based events.	Compliant

Discussion with residents confirmed that they frequently participated in a wide range of activities. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	
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STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are consulted when initially assessed and subsequently residents have numerous opportunities to express their views about the activity programme. Participation is based on their consent and this decision is respected by staff. All residents have to opportunity to discuss and agree the activity programme at the weekly cottage-level activity/event planning meetings held each Monday, at general cottage meeting and in the Beeches Committee. Meeting are also organised with cottage staff and residents throughout the year to plan special events and activities i.e. Summer Scheme, Halloween and Christmas parties etc. Residents are also involved in the regular review of their activity programme.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. This is achieved through resident meetings for each cottage or through the residents' committee which is run by residents and facilitated by staff. Residents and their representatives were also invited to express their views on activities by means of one to one discussions with staff and care management review meetings.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The agreed weekly programme of activities and events planned at the start of each week is displayed in the activity room and on the notice board of each cottage. Each cottage has a symbol (Picture and Words)board to provide a clear visual display of the events and activities arranged for the week ahead. Residents can view their personal day care file at any time and these are available in their cottage and can be accessed by any member of staff.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display in the communal hallway and in the individual cottages. These locations were considered appropriate as they were easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in a manner appropriate to meet the residents' needs and included large and pictorial formats.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home has a dedicated Multi-Sensory Room with waterbed, projectors, bubble tube, and a range of visual and tactile interactive apparatus; a general activity room supplied with a wide variety of diversional, leisure and art and craft equipment; and a Music Room equipment with a wide variety of musical instruments; a personal grooming/hairdressing room and exercise equipment (rowing machine and static bike) is provided. The service also provides a bike and go-cart for exercise and physical activity activity around the grounds of the service. The service operates two vehicles; a 15-seat minibus and a 7-seat MPV. The service provide a large amount of equipment though our own resources. We have purchased items for communal use using funds obtained through donations or fund raising events.	Compliant
Inspection Findings:	
Examination of the environment confirmed that there is plentiful equipment and resources to enable residents to participate in activities, also that staff are readily available to facilitate activities. This was confirmed by discussion with residents and staff.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The individual day care programmes are tailored to the needs and abilities of each resident. Activities and events are designed to maximise participation and ensure positive outcomes. This can include changing venues, start times, avoiding certain times, tailoring the number of participants etc. Programmes are flexible and responsive to individual needs.	Compliant
Inspection Findings:	
Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home maintain a file of information detailing the evidence of the individual knowledge and skills. Currently the home contracts-in an art facilitator and a masseuse/reflexologist.	Compliant
Inspection Findings:	
The registered manager confirmed that the reflexologist who is employed to provide massage therapy, reflexology and aromatherapy and the art facilitator had the necessary skills and knowledge to deliver these activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	
Provider's Self-Assessment	
Prior to commencing their activity the person-in-charge will discuss and agree a programme for the activity with the contracted-in person. They will agree who will attend, discuss each resident, and the person-in-charge will inform them of any events or information relevant to their activity. After the session is over the contracted-in person will feedback to the person-in-charge information about the session for the day care files. This discussion will be recorded.	Compliant
Inspection Findings:	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Individual day care files record all activities the resident participates in and details the information required by the standard.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
Provider's Self-Assessment	
Day care programmes are reviewed twice yearly to maintain their effectiveness and to adapt to any changing needs. A review can occur more frequently if required. Resident views are gathered through: cottage meetings, annual survey, monthly monitoring, and annual reviews.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed in August 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents and that outings and activities could be arranged spontaneously. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with three residents individually and with five others in groups. Residents were observed relaxing in the communal lounge areas. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I am very happy to live here, it's a home from home and the staff look after me very well."

"I'm very happy here. All is going well for me."

"I love it here. I love my room. I go to day care but take it easy at the weekends."

"I can go out whenever I want. I take a walk up the town every day and really enjoy it. It keeps me active."

11.2 Representatives consultation

The inspector received a letter from the parents of a resident expressing their satisfaction about the resident's placement. Some comments contained in the letter included;

'The home is immaculate and excellent re. hospitality. Staff are friendly and set a good example to the residents... I could not speak highly enough re. the staff and The Beeches.'

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff and ten staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"I have worked here for many years. When I started here, some residents were very unsettled, but that has changed and it is much calmer now; there are hardly any times when staff need to intervene to keep residents safe from themselves or each other."

11.4 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Residents indicated that they were proud of their own personal space but equally content to share space with others. Staff were observed to be interacting appropriately with residents, finding the balance between supporting residents to move about freely but to maintain safety at all times for those residents who are more highly dependent and might be at risk of coming to harm. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.5 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that only one complaint was received and that this was investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home accompanied by Mrs Roisin McClenaghan and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be individually decorated, homely and personalised. Décor and furnishings were found to be of a very high standard.

11.8 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 17 October 2013. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff on 20 August 2014. The records also identified that a general evacuation had been undertaken in June 2014 (each cottage also undertakes an evacuation exercise twice yearly), and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr James Wilson. Mr Wilson confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Roisin McClenaghan as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

The Beeches Professional & Therapeutic Services

19 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Roisin McClenaghan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.7	<p>Records are kept of all instances when restraint is used.</p> <p>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.</p>	One	The SOP has be revised to include the information.	31 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Siobhan Duffy (Acting)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	James Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	7 November 2014
Further information requested from provider			