

Inspection Report

Name of Service: The Beeches Professional & Therapeutic Services

Provider: The Beeches Professional & Therapeutic Services Ltd

Date of Inspection: 7 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	The Beeches Professional & Therapeutic Services Ltd
Responsible Individual:	Mr James Brian Wilson
Registered Manager:	Mrs Janette McGann – not registered
<p>This home is a registered nursing home which provides general nursing care for up to 41 patients under and over 65 years of age, with a learning disability.</p> <p>Patients' bedrooms are accommodated over two floors and patients have access to communal day spaces, the dining room and a garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2024 from 10.05 am to 5.10 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider and one area for improvement has been stated for a second time. Full details, including one new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients, patients' relatives and staff spoken with provided positive feedback about The Beeches Professional & Therapeutic Services. Patients advised that they felt well cared for, enjoyed the food; the activities and that staff were nice. Staff confirmed there is enough staff on duty to meet patients' needs. Staff further reported that the manager was approachable and that they felt well supported in their role.

Patients' relatives spoken with said, "We were worried that ... wouldn't settle as this is their first time to live in a care home but they settled straight away. The manager and the staff are great and the care is excellent. The room is always clean and ... is always well presented" and "We are delighted with the manager and staff for their care and attention. This is a good home and we're glad he's here as it gives us peace of mind".

Following the inspection ten completed patient/relative questionnaires were returned to RQIA indicating they were very satisfied that the care provided was safe, staff are kind, care is good and the home is well organised. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Relatives told us that they felt their loved one was well cared for; communication was good; that there was enough staff on duty if they needed them and that staff were friendly and kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed on the notice board in both written and pictorial form, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner.

Discussion with relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed advising patients of forthcoming events. On the morning of inspection, patients were

observed to enjoy playing musical instruments and singing along to a music session from an outside provider. Patients spoken with said they enjoyed the activities provided and that they were especially looking forward to preparations for 'Children in Need'.

Patients' needs were met through a range of individual and group activities such as reflexology, interactive story telling, card games, jigsaw puzzles and arts and crafts.

Staff said that they meet with patients every month which gives them the opportunity to offer suggestions and put forward ideas on the service. It was noted that patients' meetings were held on a regular basis. Minutes were available.

3.3.3 Management of Care Records

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

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives.

Supplementary charts for patients who require to be assisted by staff to reposition for pressure relief evidenced that patients were assisted to change their position frequently as identified in their care plan. On occasion when two staff were required to attend to patients to assist them to reposition, it was noted that both signatures were recorded. While improvements had been made regarding the frequency patients had been assisted to change their position; the accurate time of repositioning, had not been recorded. An area for improvement was identified for a second time.

3.3.4 Quality and Management of Patients' Environment

We observed the internal environment of the home and noted that skirting boards and doors in the corridor on the ground floor were being painted. The manager confirmed that refurbishment of the home is underway.

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms and cleaning stores were observed to be appropriately locked.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction. Records showed that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Janette McGann has been the manager in this home since 23 January 2023.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

It was established that the manager has a system in place to monitor accidents and incidents which occur within the home. However, review of these records highlighted that while they had been consistently reported to RQIA in keeping with Regulation; not all notifications had been completed in a detailed and comprehensive manner. An area for improvement was identified.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	1*

* the total number of areas for improvement includes one that have been stated for a second time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: 7 November 2024	<p>The registered person shall ensure that notifiable events made to RQIA are completed in a detailed and comprehensive manner.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: I intend to always write detailed reports on all notifiable events including time, date, description of injury, persons notified and actions taken at the time and afterward to prevent event from occurring again if possible.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 7 November 2024	<p>The registered person shall ensure that supplementary repositioning records are completed in a contemporaneous and comprehensive manner at all times and that two staff signatures are recorded for patients who require two staff to reposition; nursing records should also evidence meaningful evaluation of this care by nursing staff.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: I have updated the repositioning charts to include actual times and two signatures. Each resident at risk will be monitored daily by the nurse in that area and named nurse will review the care plan on a monthly basis. I have liaised with Tissue Viability Nurse and have agreed the chart layout. This has commenced and will be audited to continue improving this care.</p>

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