

theBeeches

PROFESSIONAL AND  
THERAPEUTIC SERVICES LTD



# Annual Quality Report 2013

## Beeches Small Group Home



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## **MISSION STATEMENT**

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The Beeches Professional and Therapeutic Services Limited are committed to the design, organisation and provision of high quality, person-centred services which meet the diverse needs, personal aspirations and goals of people with a learning disability.

## REFERENCE AND ADMINISTRATIVE DETAILS

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### COMPANY NAME

The Beeches Professional and Therapeutic Services Ltd

### COMPANY REGISTRATION NUMBER

NI028742

### REGISTERED OFFICE

9-11 Lurgan Road

Aghalee

Co. Antrim

BT67 0DD

### BOARD MEMBERS

Mr James P Wilson Snr	Chairman/Director
Mrs Diane Tregaskis-Sloan	Director
Mr James B Wilson	Director
Mr Jonathan P Wilson	Director
Mr Jeffrey F Wilson	Director

**Auditors** J.R. McKee & Co  
Ratheane House  
32 Hillsborough Road  
Lisburn  
Co. Antrim  
BT28 1AQ

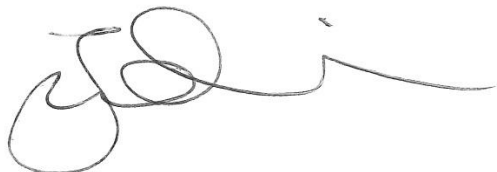
**Bankers** Danske Bank  
Donegall Square West  
BELFAST  
BT1 6JS

**Solicitors** Mills Selig Solicitors  
21 Arthur Street  
Belfast  
BT1 4GA

## **DIRECTORS STATEMENT**

### **PRINCIPAL ACTIVITY**

The Company's principal activity is providing high quality health and social care services to adults with a learning disability.

A handwritten signature in black ink, appearing to read 'James Wilson', with a long horizontal stroke extending to the right.

James Wilson

Director

The Beeches Professional & Therapeutic Services Ltd

January 2014

## INTRODUCTION

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### PURPOSE

This report has been prepared in compliance with Regulation 23 (1)<sup>1</sup> and with standard 8.12 (DHSSPS, 2011<sup>2</sup>) from data gathered on the care provision and daily management of The Beeches Small Group Home. The information presented in this report is from the period 1 January 2013 to 31 December 2013.

### SERVICE PROFILE

The service is registered as a **Domiciliary Care Agency**.

The service employs 5 staff in the following categories:

GRADE	No.
Housing Support Worker	5

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<sup>1</sup> The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<sup>2</sup> Domiciliary Care Agencies Minimum Standards, 2011



## **ANNUAL QUALITY ASSURANCE REPORT**

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### **PROCESSES**

The Beeches Small Group Home administers a range of quality assurance processes to ensure its practice accords with its written procedures and minimum quality standards.

- Monthly monitoring visits
- service user survey
- stakeholder survey
- staff satisfaction survey
- Internal audits; human resources, health and safety, medication, estates, accident and incidents
- Service user meetings
- Notifications
- Complaints
- Estate Management

Other than the monthly monitoring visit (carried out by a representative of the registered provider) responsibility for the routine monitoring and internal audit of the quality of the service rests with the registered manager Mrs Roisin McClenaghan RNMH.

The Beeches Small Group Home is subject to a regular RQIA monitoring and inspection regime. RQIA reports can be provided on request to the registered manager or by visiting the RQIA website: [www.rqia.org.uk](http://www.rqia.org.uk)

### **QUALITY INDICATORS**

The information and data summarised below was collected over the period 1 January 2013 to 31 December 2013.

#### **1. MONTHLY MONITORING**

All monthly monitoring reports are available on request from the manager at any time.

MONTH	SERVICE USERS	STAFF RELATIVES VISITORS	ISSUES	OUTCOME/ACTION TAKEN
JANUARY	2	2	QIP recommendations to be addressed Shower room to be refurbished	Management team to implement all recommendations of QIP in full.
FEBRUARY	2	2	Decision on shower room refurbishment has been carried over into next month	All QIP recommendations have been implemented
MARCH	3	2	Work on shower room has been authorised and contractor has been notified.  Living room require redecoration	Team leader will facilitate a service user meeting to discuss living room redecoration.
APRIL	2	2		Service user meeting re: living room has occurred – team leader to purchase paint and contact contractor
MAY	1	2		Living room has been painted.
JUNE	2	2	Shower room fitting have been purchased and work should commence within month  Staff survey has been circulated	Obtained paperwork confirming fire safety rating for furniture and soft furnishings.
JULY	1	1	Fire regulations	Shower room plans have changed and this will require more significant structural work than previously thought.

MONTH	SERVICE USERS	STAFF RELATIVES VISITORS	ISSUES	OUTCOME/ACTION TAKEN
				Director has identified independent contractor to undertake Fire Risk Assessment of property  Staff survey result to be analysed
AUGUST	3	1		Shower room work has commenced
SEPTEMBER	2	2	Water Risk Assessment review due  Information regarding seasonal flu vaccination programme circulated to all staff  Stakeholder survey due	Director contacted Water Risk Assessment contractor to arrange date for review
OCTOBER	3	2		Water Risk Assessment carried out this month  Fire Risk Assessment Review completed  Shower room work completed  Training update for senior staff regarding Selection and Recruitment
NOVEMBER	1	2	Fire Risk Assessment report	Fire Risk Assessment – director to address recommendations regarding;

MONTH	SERVICE USERS	STAFF RELATIVES VISITORS	ISSUES	OUTCOME/ACTION TAKEN
			Service user bedroom and box room to be repainted	fire extinguishers, fire warden training, additional fire detection equipment, records
DECEMBER	3	3	Water Risk Assessment Review report	Director discussed issues in Water Risk Assessment Review report with plumbing contractor and Risk Assessor – schedule of work agreed

## 2. SERVICE USER, STAFF AND STAKEHOLDER SURVEYS

### STAKEHOLDER

The last major stakeholder survey the Beeches Small Group Home surveyed three broad groups; staff, healthcare professional and families.

The feedback was sought across a number of broad areas of service quality; Communication, Staffing, Management of Finances, Care, Meals and Activities. Stakeholders scored the home in the “Excellent” or “Good” category across all areas (96% - 100% range). With no “Poor” rating from any respondent the results were extremely consistent and a high return rate (86%) allowed us to conclude that the home is viewed extremely positively by all stakeholders.

### SERVICE USER

The home conducted a detailed service user survey in 2013. Service users were asked 37 questions arranged under the following categories; Some Information about You, Your Views about the Staff, Involvement In Your Home, Your Concerns, Your Support Plan, Your Daytime Activity and Transport, Inspections, Your Home.

All service users participated. The results were uniformly positive across all areas. No complaints or concerns were raised and the qualitative information provided indicated a high degree of satisfaction with the service provided.

### STAFF

A staff satisfaction survey was distributed during May – August 2013. 100% of the staff working in service responded. Survey asked staff to indicate their level of satisfaction with; care delivered, training, professional development, management support and supervision, and raising concerns. Data on gender distribution and length of service was also gathered. The results indicated an extremely high level of satisfaction with their job and the organisation generally.

High satisfaction levels were reported across all areas with all results falling in the “Very Satisfied” range. Staff retention rate was very good, with 60% of staff reporting length of service as 5 years or more and the other 40% employed for more than 2 years.

### **3. HEALTH AND SAFETY**

No staff accidents reported in 2013.

No service user accidents reported in 2013.

### **4. REPORTABLE EVENTS**

#### **RQIA**

No statutory notifications (Form 1a) were made to RQIA during 2013.

#### **TRUST ADVERSE INCIDENT REPORTS**

No Adverse Incident Reports (AIR) were made to trusts during 2013.

#### **ADULT/CHILD PROTECTION REFERRALS**

No Adult or child protections issues were referred to the SE Trust in 2013.

### **5. COMPLAINTS**

No complaints were received in 2013.

### **6. ESTATE MANAGEMENT**

List of scheduled maintenance carried out in 2013.

- Shower room refurbished
- Living room repainted
- Box room and service user bedroom repainted
- Water Risk Assessment reviewed and updated
- Fire Risk Assessment reviewed and updated

### **7. RQIA ANNUAL INSPECTION**

The service had an RQIA inspection carried out on 07/01/13 by inspector Gareth Agnew. The report is available on request or from the RQIA website

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

## 8. MEDICATION

Service users are supported in the administration of their medication. Service users have access to a 28 day supply Monitored Dosage System (MDS). The dispensing pharmacy is Boots Pharmacy in Dromara.

Medication working practices are systematically audited to ensure they are consistent with the service's documented policies and procedures and action is taken when necessary.

The quarterly internal audit results for 2013 (23/03/13, 27/06/13, 01/09/13,) record 100% compliance with the documented procedures and records management.

## AREAS FOR IMPROVEMENT

Expand audit data collection to areas of service user records, staff records, resident finance and transport provision.

Annual stakeholder survey will be redrafted and circulated in 2014.