

Inspection Report

1 August 2023



Arches Care Home

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Ltd Responsible Individual: Mrs. Ruth Burrows	Registered Manager: Mr Maphilindo Sanchez – not registered
Person in charge at the time of inspection: Mrs Elaine Allen	Number of registered places: 32 No more than one patient in categories NH-PH/PH(E)
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: This is a registered nursing home that can accommodate up to 33 patients living with a learning and/or physical disability. The patients' bedrooms are situated over two floors with communal living and dining space on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 1 August 2023, from 9.30 am to 4.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Five areas for improvement previously stated on the home's quality improvement plan were assessed as being met. Three areas for improvement relating to medicines management were not assessed as part of this inspection and were carried forward for assessment at a future inspection. Two new areas for improvement were identified in relation to the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC), and hand hygiene practices.

The home was clean, warm, and well lit, and there was a welcoming atmosphere. Patients spoke in positive terms about living in Arches Care Home and patients who were unable to fully voice their opinions were observed to be comfortable in their surroundings and relaxed during interactions with staff.

Staff were seen to be polite and compassionate during interactions with patients and respectful towards each other and visitors. Staff demonstrated knowledge about patients' needs and had a good understanding of their roles and responsibilities.

New management arrangements were in place and staff, patients, and relatives were aware that a new manager was in post.

There was evidence of good practice in relation to cleanliness in the home, social activities, staff training and inductions, and working relationships.

RQIA were assured that the delivery of care and services provided in Arches Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Elaine Allen, Manager, during and at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke in positive terms about their experience living in Arches Care Home. They described staff as “great” and “very good”, and said that staff were “good to us.” Patients told us that they enjoyed taking part in daily activities such as going out shopping, watching their favourite programmes, listening to music, or participating in the organised activities in the home. Patients said that they were happy with the provision of food and drinks, the cleanliness in the home, and the visiting arrangements. One patient said that they did not like living in the home but was unable to specify any issues and was seen to move freely around the home and engage with staff and other patients with ease. The manager was aware of this individual patient’s expressions of dissatisfaction and informed us that other relevant parties such as Trust key worker were also aware.

A relative spoke very highly about their experience visiting the home and about the care and services provided to their loved one; they described the home as “excellent”, and said that the staff were “wonderful.” The relative talked about how staff go out of their way to deliver a personal touch and gave the example of the chef coming to see patients individually to ensure they are getting the meals they like. The relative told us that they observed the organised activities to be “excellent”, and said that they felt informed as the communication from the home was good.

Staff told us that they were happy working in the home and that they felt supported through training, inductions, and by the management team. Staff acknowledged that there had been a recent change in management but expressed that they could raise any issues or concerns with anyone in charge of the home.

No relative questionnaires or staff survey responses were received within the allocated timeframe.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that when nutrition and medicines are administered via the enteral route an up-to-date daily regimen is available and total fluid intake is recorded daily.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records of medicines received into the home and transferred out of the home are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the storage arrangements for medicines as detailed in the report	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 4 Ref: Regulation 20 (1) (a) (b) Stated: First time	The registered person shall ensure a robust system is in place to ensure the identity, professional registration and completed training for agency staff is verified prior to commencement of a shift and that an induction to the home is completed.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall ensure that the clinical and neurological observations are accurately and consistently recorded in line with best practice guidance following any patients' fall in the home where a head injury, or the potential for a head injury, is suspected. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for Improvement 6 Ref: Regulation 30 Stated: First time	The registered person shall ensure that notifiable events are reported to RQIA in a timely manner Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: Third time	The registered person shall ensure for those patients who require assistance with repositioning: <ul style="list-style-type: none"> • The care plan accurately states the frequency of the repositioning required • the type of pressure relieving mattress in use and setting is recorded on all relevant documentation • a contemporaneous record is maintained of the patients repositioning provided as per the care plan. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

Area for Improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the hours worked by the manager are clearly recorded on the duty rota and any amendments made to the rota are corrected in line with best practice guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure there is a robust system in place to review the quality of the recording of the repositioning records.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment records were reviewed. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. All pre-employment checks such as Access NI, employment history, references, and confirmation of right to work in the UK, where required, were sought, received, and reviewed prior to the staff member starting work.

Review of records and discussion with staff confirmed that a structured orientation and induction programme was undertaken at the commencement of their employment. Staff new to the home told us that they felt supported during their induction and had the opportunity to work closely with more experience staff to help them become familiar with the policies and procedures in the home.

Review of records showed that the use of agency staff in the home was managed well; the home was provided with a full professional profile on any agency staff member before they arrived at the home, and an orientation and induction programme was completed with each agency member at the commencement of their first shift. Records were well maintained.

There was a system in place to monitor relevant staffs' registration with their respective professional bodies; the Nursing and Midwifery Council (NMC) for nurses, and the Northern Ireland Social Care Council (NISCC) for care staff. This system was checked monthly and no issues were found in relation to the monitoring of NMC registrants.

Shortfalls were identified in the robustness of the NISCC monitoring system; the monthly tracker did not detail what, if any, actions were taken when an anomaly was found. Staff new to care are afforded a six-month grace period to complete the NISCC application process and records showed that a number of staff had exceeded this period and remained unregistered. It was unclear what action had been taken by the home to address these breaches. An area for improvement was identified.

Following the inspection, the manager confirmed that they were attempting to liaise directly with NISCC to expedite the outstanding staff applications.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota included the manager's working hours and highlighted the nurse in charge of the home in the absence of the manager. There was an on call-rota showing senior management cover for out of hours, in the event that the nurse in charge needed to escalate a concern, report an incident, or seek guidance. This is good practice.

There was a system in place to ensure staff were trained and supported to do their job in a safe and effective manner. A range of essential training courses was available in eLearning and face to face formats. The manager had oversight of staff compliance with all training.

Staff said that they felt supported in their role and were satisfied with the staffing levels. Staff described having good teamwork and talked about the importance of communication and told us about tools or systems that they used such as communication books and handover meetings.

Patients spoke positively about staff, describing staff as "great" and that staff were "good to us all." Patients were observed to interact with staff from all departments from care, housekeeping, and catering, and were comfortable and relaxed in the company of staff. Interactions were seen to be warm and respectful.

Relatives described staff as "wonderful", and spoke with warmth about interactions they had witnessed between staff and their loved ones.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff 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. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, staff were seen to use distraction techniques with good effect when a patient was becoming agitated. Staff were reassuring in demeanour and respectful in how they spoke.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats or lap belts. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly and records were well maintained. Care records accurately reflected the patients' needs and directed staff on the recommended frequency of position changes and the use of any specialist pressure prevention equipment such as air flow mattresses.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, increased staff supervision or support during mobility, or the use of equipment such as crash mats.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence that nursing staff carried out post falls monitoring, including neurological observations, as per best practice. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was organised and unhurried. The meals served looked and smelled appetising, and patients told us that they enjoyed their meals and were happy with the portion sizes.

Staff demonstrated a good understanding of patients' dietary needs, including those patients on modified diets, as per speech and language therapy assessments.

There was a four-week menu on display in the dining room. The position of the menus and font size made the menus difficult for some patients to read. It was unclear which menu week was current and discussion with staff evidence that they were also unsure what meals were planned for that day. This was discussed with the manager who agreed to review how menus were displayed. This will be reviewed at the next inspection.

It was positive to note that patients were assisted to make meal choices when a member of staff visited each patient to talk about the options for that day. A record was kept of each patients' choice and shared with the catering team.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed 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 well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms, bathrooms, and storage areas. The home was clean, well lit, free from malodours, and the temperature was well managed. There was a welcoming atmosphere and patients were seen to move freely around the home's communal areas.

All patient areas were suitably furnished and décor was maintained to a good standard. There was evidence of homely touches such as a range of pictures and artwork on walls, photos of patients enjoying social activities, art and craft works undertaken by patients as part of the activities programme, and books, games, and flowers.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were free from clutter and fire exits were unobstructed. The most recent fire risk assessment was undertaken on 9 March 2023 and any recommendations made had been actioned. Records evidenced that staff were trained to deal with the event of a fire or unplanned alarm, through regular fire awareness training and participation in unannounced fire drills. The manager had oversight of staff compliance with fire safety through the home's eLearning records system.

Domestic and laundry staff said that they had ample supply of cleaning and laundry products and equipment. Patients and relatives told us that they were happy with the level of cleanliness in the home.

The manager conducted regular infection prevention and control (IPC) audits, which captured staff compliance with IPC practices such as hand hygiene and use of personal protective equipment (PPE). Some staff were seen to wear nail polish or wrist watches which is not best practice. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Observations and discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedrooms whilst other patients enjoyed spending time with in the communal lounges and dining areas.

Patients were seen to occupy their time on leisurely hobbies and interests, such as listening to music, watching movies or television programmes, or reading magazines. The inspector was greeted in the morning by some patients who were preparing to go out on a shopping day with staff, and it was positive to note the excitement of those involved.

A programme of organised activities was available and facilitated by two patient activity lead (PAL) staff. The programme included events such as quizzes, arts and crafts, games, and trips

out. Discussion with staff and patients evidenced that, as well as the planned activities, ad hoc sessions could easily be arranged depending on what patients wanted to do that day.

As well as a shopping trip, patients were seen to participate in a group quiz and had fun learning some Spanish words and phrases.

Observations, discussions, and review of care records evidenced that patients social, recreational, and spiritual needs were being met.

Relatives told us that they felt welcomed in the home and described the activities as “excellent.”

5.2.5 Management and Governance Arrangements

There had been some changes in the management of the home since the last inspection. Mr. Maphilindo Sanchez had been providing interim cover as acting manager since 29 July 2023, then Mrs. Elaine Allen took over as home manager on 10 July 2023. The manager confirmed that they felt supported by the senior management team.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

It was established that there was a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

Staff commented positively about the management team and expressed that they were getting to know the new manager and felt that they could approach the manager with any issues or concerns. Patients were seen to frequently call to the manager’s office to say hello or talk about their day or needs.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	4*	1

*The total number of areas for improvement includes three that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Elaine Allen, 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 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that when nutrition and medicines are administered via the enteral route an up-to-date daily regimen is available and total fluid intake is recorded daily. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that records of medicines received into the home and transferred out of the home are accurately maintained. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall review the storage arrangements for medicines as detailed in the report. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that there is a robust system in place for monitoring staffs' registration status with NISCC. Appropriate action should be taken if staff are found to be working unregistered. Ref: 5.2.1 Response by registered person detailing the actions taken: The 6 staff found to be unregistered within the 6 months grace period of their commencement date, on the day of the Inspection have been addressed: 4 applications are now in progress, 1 staff member has been redeployed and 1 HR process is in place. The Home Manager has revised the NISCC Proforma which provides a more comprehensive report on the staff's registration status, and actions taken by Home Manage to ensure a similar situation does not occur. Monthly checks provide assurance that all staff are live on the NISCC Register at the time of the report and will be monitored monthly going forward. This area of compliance will be checked monthly as part of the Regulation 29 Visit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 46 Criteria 11 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that training on infection prevention and control is embedded into practice and all staff remain bare below the elbows to ensure effective hand hygiene. Ref: 5.2.3 Response by registered person detailing the actions taken: All staff have now completed their Infection Prevention and Control e-learning Module. An audit of PPE compliance, handwashing observation and staff supervision has been completed by The Care Quality Manager during support visits to the home, the outcomes and learning have been shared with the Team.

	<p>An IPC audit which includes hand hygiene and PPE audits are continued to be completed on a monthly basis.</p> <p>Bare below the elbows checks are now included on the homes 24 Hour Shift Report which prompts the nurse in charge of each shift to review staff's compliance with uniform policy.</p> <p>Daily observation of IPC practices within the home by the Home Manager are maintained and findings are recorded on the Walkabout Audit.</p> <p>This area of compliance will be monitored monthly as part of the Regulation 29 Visit.</p>
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