

Inspection Report

13 March 2024



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: Mrs Elaine Allen – not registered
Person in charge at the time of inspection: Nina Gichuki, Registered Nurse	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 32 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 13 March 2024 from 9.40 am to 5 pm by two care inspectors.

The inspection focused on areas for improvement identified at the last care inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Enforcement action resulted from the findings of this inspection.

A number of governance records were found to be insufficiently robust and serious concerns were identified regarding managerial oversight and the lack of urgency by the manager to address deficits that had been identified through audits and the provider monthly monitoring visits. It was identified during the inspection that the manager was on unplanned leave and RQIA were concerned that there were no clear interim management arrangements in place.

One area for improvement previously identified was assessed as met, another previously identified area for improvement in relation to hand hygiene practices was not met and further concerns in relation to infection prevention and control (IPC) practices were identified. In addition, new areas for improvement were identified in relation to, IPC in the environment, blood glucose monitoring, falls management, provision of nurse call bells, staff duty rota, agency staff induction records, and care records.

As a result of the inspection findings the responsible individual (RI) Ruth Burrows was invited to attend a serious concerns meeting with RQIA on 27 March 2024 to discuss the inspection findings and her plans to address the issues identified and the lack of managerial oversight.

The meeting was attended by the RI and members of Beaumont Care Homes Ltd senior management team. During the meeting, the RI and management team presented an action plan and advised RQIA of completed or planned actions to ensure the necessary improvements.

As a result of the action plan presented, RQIA decided to allow a period of time for the provider to fully implement the action plan and advised that a future inspection would be completed to ensure that the concerns were effectively addressed.

No concerns were raised by patients about living in Arches Care Home. Staff said that they enjoyed working in the home and told us that the wellbeing of patients was of paramount importance to them.

Three relatives completed questionnaires following the inspection to say that they were satisfied with the care and services provided in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 the management team at the conclusion of the inspection and at the serious concerns meeting held on 27 March 2024.

4.0 What people told us about the service

Patients said that they were happy living in Arches Care Home and showed the inspectors around their bedrooms and spoke about their hobbies and interests.

Three relative questionnaires were received following the inspection. Relatives indicated that they were very satisfied that the care and services provided in the home was safe, effective, delivered with compassion, and well led. Relatives described the care as “excellent”, “very high standard”, and said that staff were “very caring.” One relative said that staff were “kind and patient and willing to see to all needs”, while another said that staff were “always there” for their loved one.

A relative told us about how staff helped make their loved one feel at home and provided “excellent...person centred care.”

One relative was very complimentary about all staff and gave special mention to some named staff. Comments were shared with the manager for staff feedback.

A visiting professional to the home said that they had no concerns and that staff followed any specialist recommendations made.

Staff said that they felt supported to do their jobs effectively through regular training and were aware of the safeguarding and whistleblowing processes and how to report concerns. Staff said that they would not hesitate in going to anyone in management or the nurse in charge if they had any issues or concerns, however did say that the manager was not regularly visible around the home.

Whilst staff said that they were satisfied that there was enough staff in the home each day, they discussed the impact the increased use of agency staff had on their time. This is further discussed in section 5.2.1.

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 1 August 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 21 (1) (b)	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.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Criteria 11 Stated: First time	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.	Subsumed into regulation
	Action taken as confirmed during the inspection: There was evidence that this are for improvement was not met and further deficits were identified in relation to infection prevention and control practice. This area for improvement was subsumed into regulation. Please refer to sections 5.2.3 and 6.0 of this report for further detail.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff reported that they were happy working in Arches Care Home and that they enjoyed caring for the patients. Discussion with staff and review of the duty rotas evidenced an increased use of agency in most departments; nursing, care, catering, and housekeeping. Staff told us that with the use of agency there was enough staff in the home on a daily basis, however the added duties of regularly inducting and supporting agency staff increased their workload.

Review of records showed that there was a robust system in place for the induction of agency nursing and care staff, and good records were maintained in relation to these agency members' profiles, training, and skills. However, no records were maintained to evidence the induction and orientation of housekeeping and catering agency staff. An area for improvement was identified.

At the meeting on 27 March 2024 the management team confirmed that a number of staff vacancies had recently been which would reduce the use of agency staff. Work was ongoing to recruit into the remaining vacancies.

Records pertaining to staffs' registrations with their professional bodies were well maintained and monitored monthly by the manager to ensure registrations remained active and valid.

Staff said that there was good teamwork and they felt supported and that there was good communication between departments. Staff were seen to provide care in a compassionate manner.

The staff duty rota evidenced that the planned staffing was provided daily and the nurse in charge of the home in the absence of the manager was highlighted. The duty rota had not been updated to reflect that the manager was on leave. An area for improvement was identified.

Patients did not raise any concerns about staffing arrangements. Relatives told us that they were very satisfied with the staffing arrangements and described staff as “very caring”, and “kind.”

5.2.2 Care Delivery and Record Keeping

Staff were seen to be professional, warm, and respectful towards patients and each other. Throughout the day, it was observed that a number of nurse call bells were sounding for extended periods. An area for improvement was identified.

The nurse call display screens on the first floor did not always specify which room the call was activated from. Following discussion with the management team it was agreed that they would conduct a review of the nurse call bell system and address the issues in relation to call bell display screen information. This will be reviewed at the next inspection.

Staff demonstrated that they knew patients well and were very familiar with patients' preferences, routines, wishes, and triggers or early signs of distress.

The majority of staff met at the beginning of each shift to discuss any changes in the needs of patients; nursing and care staff on the day shift started work at 7.45 am. One staff member started at 7 am; they did not attend the handover meeting and did not receive a handover sheet. This was discussed with the management and it was agreed that this anomaly would be reviewed to ensure that all staff were provided with essential handover information. This will be reviewed at the next inspection.

The management of diabetes was reviewed. Care plans were in place where required and were found to be person centred. It was observed that the procedure used by nurses to monitor blood glucose levels was not reflective of best practice. An area for improvement was identified. Following the inspection, the management team confirmed that all nursing staff were updated to ensure the correct procedure was used.

Patients who are at increased risk of falls require measures to minimise this risk. Records evidenced that falls risk assessments were completed regularly and person centred care plans were in place. Some patients require the use of falls equipment such as alarm mats. A number of alarm mats had been sent for repair leaving the patients without a working mat in place. No interim additional measures had been put in place to mitigate the risk of falls in the absence of the mats. Two areas for improvement were identified.

Following the inspection, on 14 March 2024, the management team confirmed that the identified patients' alarm mats had been replaced or repaired.

Patient care records were held securely. A number of shortfalls were identified in relation to care records; namely, some documents were not signed and dated by the completing nurse and some records were not being archived in a timely manner resulting in out of date information being held on patient files. Two areas for improvement were identified.

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.

Relatives spoke in positive terms about the care provided in the home, describing care as “excellent”, “person centred”, and delivered “to a high standard.”

One relative told us that there was good communication between the home and the day centre used by their loved one and that this helped with continuity of care.

A visiting professional said that they had no concerns about the home and that staff followed any specialist recommendations made about patient care and treatment.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home’s environment included a selection of patients’ bedrooms, communal lounges and dining rooms, communal toilets and shower rooms, corridors and storage areas. There was a welcoming and relaxed atmosphere in the home.

Corridors were spacious and free from clutter and fire doors and exits were maintained free from obstruction.

Patients bedrooms were clean and tidy and there was good personalisation, with items of importance or interest to each patient. There was evidence throughout the home of homely touches such as photos of patients, art work on display, bookshelves, and ornaments.

It was noted that a bedroom that had temporarily been converted into a store room during the COVID-19 pandemic was still being used for storage. This was discussed with the management team who provided assurances that this room would revert back to its original purpose. This will be reviewed at the next inspection.

Shortfalls were identified in infection prevention and control (IPC) practices. For example, two staff were not bare below the elbows in line with regional hand hygiene guidance, some staff were seen to miss key moments for hand hygiene and to use personal protective equipment (PPE) incorrectly, poor staff practice with disposal of linen, use of PPE and storage of equipment. A previously stated area for improvement in relation to hand hygiene has been subsumed into a wider area for improvement in relation to IPC practices.

Further deficits in relation to IPC and the environment were observed. For example, paper notices in patient areas which could not be effectively cleaned, torn crash mats which were not effectively cleaned, and several broken clinical waste bins. These deficits were not being identified in the home’s auditing processes. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients and staff and observations on the day of inspection confirmed that patients could choose how they spent their day. Some patients spent most of their time in communal rooms, some patients were seen to move freely between communal areas and their own bedrooms, and some patients went out to a local day centre or to spend time with family.

An activities programme was available, however the management team informed us that there was a vacancy within this department which was yet to be filled. This resulted in organised activities only being available on a part time basis. Staff reported that there was a lack of variety in the organised activities available. An area for improvement was identified.

Relatives told us that staff treated patients as individuals and help support patients to live their preferred routines. For example, a relative told us about their loved one being able to have a lie at the weekends as they would have done at home. A relative talked about being comforted by the fact that their loved one calls Arches Care Home their “home.”

5.2.5 Management and Governance Arrangements

There had been no changes in the management of the home since the last inspection. Mrs Elaine Allen was appointed manager on 10 July 2023. An application to register Mrs Allen with RQIA was in progress.

At the time of the inspection the manager was on unplanned leave. The nurse in charge of the home was not aware of any interim management arrangements. During the meeting on 27 March 2024 the RI updated RQIA with interim management arrangements and gave assurances that all staff were now aware of who was managing the home on a daily basis. Following this meeting, RQIA received a manager absence notification in relation to these interim arrangements.

Staff demonstrated a good understanding of their roles and responsibilities in relation to raising concerns or worries about patients, care practices or the environment, and said that they always knew which nurse was in charge of the home in the absence of the manager.

A number of deficits were identified in relation to governance and management oversight. This was discussed with the senior management team at the meeting on 27 March 2024, and assurances were provided to RQIA in relation to how this would be addressed with the interim management arrangement and with support from the senior team.

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.

Staff commented positively about the management team, saying that they could approach anyone in management.

Relatives said that they were very satisfied with how the home was managed and mentioned some nurses by name while sharing compliments. One relative gave special mention to the deputy manager, describing him as “always very helpful and very person centred.” Although this relative also mistook the deputy manager as being the home manager, further highlighting the lack of visibility in the home by the manager.

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	9*	5

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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: 23 June 2022	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: 23 June 2022	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.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2022</p>	<p>The registered person shall review the storage arrangements for medicines as detailed in the report.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that staff respond to nurse call bells without unnecessary delay.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: On review of the Nurse call system, it was identified there was an issue with how the door numbering was shown on the nurse call display. This is currently being updated and numbers are being attached to the door of the rooms that correspond with the electronic buzzer system. Staff have been reminded during staff meetings with regards to answering call bell in a prompt manner and the monitoring of the call bells will continue. Compliance will be monitored during the monthly monitoring visit carried out by the Operations Manager.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that staff are aware of the procedure for blood glucose monitoring in accordance with best practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The area of concern raised on the day of inspection was addressed immediately with the identified staff member. The remainder of the Registered Nurses have now completed clinical supervision with regards to the correct procedure for carrying out blood glucose monitoring in accordance with best practice.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 14(1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that alarms mats are provided to patients without delay in accordance with their assessed needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All alarm mats within the home have been checked to ensure they are in full working order. There were also new alarm mats to ensure there are spare mats available if needed. Staff have been informed of the process to take and contingencies to be put in place if an alarm mat is not working. A sample of alarm mats will be checked to ensure they are fully operational as part of the monthly monitoring visit.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 12 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that there is a system in place for the timely repair and/or replacement of faulty falls management equipment.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff have been reminded about their responsibilities to ensure that they report any piece of equipment that is damaged and in need of repair/replacement. Management is to ensure that replacement items are purchased within a timely manner once reported. Compliance is to be monitored as part of the Monthly reg 29 visit completed by the Operations Manager</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that staff adhere to best practice in line with the Regional Infection Prevention and Control Manual for Northern Ireland.</p> <p>Auditing systems should capture staff practice in relation to IPC and evidence actions taken to address any shortfalls.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All Staff have been reminded with regards to their responsibilities relating to Infection, prevention and control. The walkabout audit has been updated to include checking of whether staff are bare below the elbow. Appropriate action to be taken if deficits are highlighted. All staff who are carrying out audits will receive support from management to ensure that they are aware of the purpose for auditing and the implications of auditing for care delivery. Compliance will be monitored as part of the Reg 29 visit and through visits carried out by the quality team.</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that the environmental infection prevention and control (IPC) issues identified in this report are addressed.</p> <p>Auditing systems should capture IPC deficits in the environment and evidence actions taken where required.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>IPC audits have been reviewed and any areas of deficit found are to be addressed through an action plan process. Each action will be specific on the action to be taken, who is responsible for addressing the deficit and within what timescale. Compliance will be monitored as part of the Regulation 29 visit and through visits carried out by the quality team.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that all agency staff employed to work in the home have an induction and orientation completed and that records are maintained.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A full review of the agency induction documentation has been completed. The Nurse in charge of the home is to ensure that all new agency staff receive a documented induction into the home prior to their shift commencing. This is to be signed and keep alongside the printed agency profile in the agency staff file. Compliance is to be monitored by the Operations Manager during the completion of the Reg 29 audit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that the duty rota accurately reflects the manager's working arrangements</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The duty rotas have been updated to reflect the current management cover for the home. The Staff contact numbers have been updated to include covering manager details. This will be checked as part of the monthly monitoring visit carried out by the Operations Manager.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that care records are dated, timed, and signed by the completing nurse in accordance with the Nursing and Midwifery Council (NMC) guidelines on record keeping.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that there is a system in place for the timely archiving of records so that only the most up to date information is held on patient files.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The care file audits are being completed as per policy and an action plan implemented to address deficits if required. The Registered nurses have been reminded of their professional accountability and responsibility in relation to record keeping. Spot checks of documentation relating to the key risks and TMARs are in place and form part of the walkabout audits. Compliance will also be monitored as part of the monthly monitoring visit carried out by the Operations Manager</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2024</p>	<p>The registered person shall ensure that, until activity staff are recruited, interim arrangements are put in place for the provision of activities.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The home continues to advertise for an activity therapist. In the interim staff will be allocated on the rota to carry out activities with the residents. Records will be maintained of all activities carried out within the home. This will be monitored as part of the monthly monitoring visit carried out by the Operations Manager.</p>

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